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ABSTRACT

These materials represent the testimony given before the Subcommittee on Domestic and International Scientific Planning, Analysis, and Cooperation in February 1978 on the subject of domestic violence, including issues of battered spouses, family problems, and child abuse. Statements from witnesses appearing before the Subcommittee are provided and deal with the following areas of concern: (1) the impact of family violence of children's behavior and development; (2) the relationship of violence at home to violence in society at large; (3) the development and establishment of state and local resource centers designed to offer medical and psychological assistance for families; (4) difficulties associated with researching the topic of domestic violence; and (5) reviews of some of the current literature and research on domestic violence. (HLM)

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ED176191

RESEARCH INTO VIOLENT BEHAVIOR: DOMESTIC VIOLENCE

HEARINGS
BEFORE THE
SUBCOMMITTEE ON
DOMESTIC AND INTERNATIONAL SCIENTIFIC
PLANNING, ANALYSIS AND COOPERATION
OF THE
COMMITTEE ON
SCIENCE AND TECHNOLOGY
U.S. HOUSE OF REPRESENTATIVES
NINETY-FIFTH CONGRESS
SECOND SESSION

FEBRUARY 14, 15, 16, 1978

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RESEARCH INTO VIOLENT BEHAVIOR: DOMESTIC VIOLENCE

TUESDAY, FEBRUARY 14, 1978

House of Representatives,
Committee on Science and Technology,
Subcommittee on Domestic and International
Scientific Planning, Analysis and Cooperation,
Washington, D.C.

The subcommittee convened, pursuant to notice, at 10:08 a.m., in room 2318, Rayburn House Office Building, Hon. James H. Scheuer, chairman of the subcommittee, presiding.

Mr. Scheuer. The Committee on Science and Technology, Subcommittee on Domestic and International Scientific Planning, Analysis and Cooperation will come to order.

This is an additional week of hearings into research on violent behavior. Previously, we have held hearings on research into violence against the elderly and sexual assault. This week of hearings is on violence in the home: battered spouses and battered kids, and sexual assaults within the home.

One of the pitiful things that we came up with in our hearings on sexual assaults in general is that a very considerable percentage of adult aggressors in violent crime were themselves victims of sexual and violent abuse as young children, and the implications of that fact are horrendous. It means that today's victim of child abuse or sexual abuse in the home at a very tender age, has suffered such a traumatic shock and such personality disorientation that later that individual himself may well be destined to be a child abuser, a rapist, or a perpetrator of violent attacks against other people, both elderly and young.

So it's absolutely essential that we learn more about violence in the household and that we develop our capability of dealing with violence in the home.

There are two Members of Congress who have taken very real and very creative and thoughtful leadership in this whole field of violence in the home. Congressman Newton Steers of Maryland and Congresswoman Lindy Boggs of Louisiana have introduced a bill, H.R. 7927, entitled "The Domestic Violence Prevention and Treatment Act of 1978." It's a very fine piece of legislation. I'm very proud to cosponsor it.

We have here today Congressman Newton Steers from Maryland, and I would like to have him open these hearings by making a statement, and as soon thereafter as Congresswoman Boggs comes in we'll interrupt the hearing to let her make her statement.

[The opening statement of Congressman Scheuer follows:]

COMMITTEE ON SCIENCE AND TECHNOLOGY
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

OPENING REMARKS

"RESEARCH INTO HOUSEHOLD VIOLENCE"

BY

CHAIRMAN JAMES H. SCHEUER

Today the Domestic and International Scientific Planning, Analysis, and Cooperation Subcommittee of the House Committee on Science and Technology begins three days of hearings on Research Into Household Violence. These hearings are a continuation of our Subcommittee's oversight review of research into violent behavior.

I would like to salute my distinguished colleagues, the Honorable Lindy Boggs of Louisiana and the Honorable Newton Steers of Maryland. Both have worked hard on problems of household violence and they are the co-authors of a very excellent legislative proposal in this area. We welcome their participation in these hearings. I also want to welcome the distinguished witnesses and guests.

Our Subcommittee's recent hearings on an overview of violent behavior, on sexual assaults, and on crimes against the elderly, have presented shocking evidence that the family is often a child's training ground for future acts of violence. Child abusers often have themselves been beaten as children and some rapists have had an early introduction to violence within the home. It is therefore

ESSENTIAL TO IDENTIFY AS EARLY AS POSSIBLE CHILDREN WHO HAVE BEEN VICTIMS AND GIVE THEM A FULL BATTERY OF TREATMENT IN ORDER TO BREAK THIS VICIOUS CYCLE.

VIOLENCE IS A HORROR KNOWN IN ALL TOO MANY AMERICAN HOUSEHOLDS. ALTHOUGH DATA ON THE INCIDENCE OF SPOUSE BATTERING AND CHILD ABUSE DO NOT YET REVEAL THE PRECISELY ACCURATE NUMBER OF PEOPLE INVOLVED, THERE ARE GOOD REASONS TO CONCLUDE THAT TENS OF THOUSANDS OF AMERICANS ARE VICTIMIZED EACH YEAR.

RESEARCH HAS DEMONSTRATED THAT VIOLENCE BETWEEN FAMILY MEMBERS CUTS ACROSS ALL SOCIO-ECONOMIC LEVELS, ALL NATIONALITIES, AND ALL RELIGIOUS GROUPS. NO FACTION OF AMERICAN SOCIETY IS IMMUNE FROM THIS DEADLY ASSAULT ON THE FAMILY AND INDIVIDUAL FAMILY MEMBERS.

IT IS DIFFICULT FOR MANY OF US TO THINK OF THE FAMILY AS A VIOLENT GROUP. TRADITIONALLY WE VIEW THIS UNIT AS SUPPORTIVE, LOVING, AND HARMONIOUS. HOWEVER, RESEARCH REVEALING THE PERVASIVENESS OF HOUSEHOLD VIOLENCE REQUIRES THAT WE TAKE A NEW LOOK AT THE STRESSES AND TENSIONS SURROUNDING FAMILY LIFE.

HOUSEHOLD VIOLENCE WILL NOT GO AWAY BY ITSELF. WE AS A SOCIETY ARE BEGINNING TO RECOGNIZE THE MAGNITUDE AND GRAVITY OF THIS PROBLEM. WE MUST NOW DEVISE INTELLIGENT WAYS TO DEAL WITH IT. SOUND, WELL-CONCEIVED RESEARCH PROVIDES US WITH GREATER INSIGHTS INTO THE PROBLEM AND POTENTIAL REMEDIES TO IT.

Mr. STEERS. Thank you very much, Chairman Scheuer.

I am indeed proud that I am a sponsor of this bill that you just referred to.

One of the things that we've noticed in this whole field is the need for public recognition. There has been a tendency to deny that there is a problem, and that's why I am pleased to see so many people here this morning, and I'm so pleased that you, Mr. Chairman, have decided to hold this hearing, as an indication that there is a growing appreciation of the problem.

Only last night Merv Griffin had a show devoted entirely to battered wives. I think a better term is "battered spouses," and that a still better term is "domestic violence", because they all seem to be interconnected, and we do know of cases, although they are rare, where the batterer is the female and the batteree is the male. But of course, the traditional stereotype is in the opposite direction. I think that because of women's status, which is, of course, also recognized in the battle for the equal rights amendment, there has been a tendency to either hide the problem or overlook the problem and not to recognize it, and I'm particularly pleased that this subcommittee has decided to focus the spotlight, as it were, on the problem, and I am looking forward very much to the testimony.

That's all I have, Mr. Chairman.

Mr. SCHEUER. Thank you very much, Congressman.

Is there anything else you would like to say, or shall we proceed?

Mr. STEERS. No. Thank you.

Mr. SCHEUER. All right. We hope very much that you can stay with us and partake in the hearing.

STATEMENT OF CONGRESSWOMAN LINDY BOGGS

Mrs. BOGGS. Mr. Chairman, I appreciate so much your kindness in providing me this opportunity and I very much appreciate your holding these hearings on this problem that's so vital to all of us.

As many of you know,—and I see many of you with whom I've worked and talked on this issue for some time—you know of my interest in child abuse, alcoholism, drug abuse, health care, and other matters directly affecting families. In the past few years I have also been associated with the House of Ruth here in Washington, which is a shelter for destitute women and for battered women and their children.

The current public recognition of the drastically underestimated incidence of domestic violence reflects our new willingness to face the ugly truth of violence in the home. Your proceedings this week will shed more light on this problem, and I am very grateful for your interest.

In response to the immediate problems of family violence, as expressed by my constituents and his, Representative Newton Steers and I introduced last summer the Domestic Violence Prevention and Treatment Act, H.R. 7927, and the response throughout the country has been astounding. Every day my office receives calls from individuals, shelters, community mental health centers, women's groups, and others who are interested in the legislation.

As I'm sure that Newt has told you, the purpose of the bill is twofold: First, we wish to focus national attention on the serious problem of family violence, and, second, we wish to supplement the tremendous local initiatives already taking place all over the Nation. It seems to me that Federal programs need to be coordinated systematically so that local applicants can make sense out of the system. Another crying need is for Federal support in terms of technical assistance and grant money.

Many of the participants in today's hearing will be interested to know that congressional hearings have been scheduled on domestic violence legislation for this spring. On March 8 the Senate Committee on Human Resources will hold a hearing and on March 16 the House Education and Labor Select Education Subcommittee will begin hearings. At that time the committee will receive comments and suggestions about the appropriate Federal role in the sensitive area of domestic violence.

Basically the Boggs-Steers bill would authorize HEW, through the National Institute of Mental Health, to operate a demonstration grant program, with the funds going directly to public agencies or to private, nonprofit community groups working on family violence. Since the bill's introduction, HEW has established a new section on children, youth, and families, and I feel that it is likely that our bill will reflect this change.

These grant funds could be used for a variety of purposes: hot lines, counseling services, housing, job training, staff training, and volunteer coordination.

I was in Shreveport, La. a few days ago, and I was very pleased to see that the YMCA there was forming a Women's Resources Center, and among some of its planning was emergency shelter and counseling and help in situations of family violence.

The list of programs eligible is not inclusive. On the contrary, demonstration grants should allow local groups to pursue their own goals as innovatively as possible.

Our bill would also set up a national clearinghouse on domestic violence. The job of the clearinghouse would be to provide information to the public, through the media, through publications, through educational institutions, on family violence. The clearinghouse would also help local groups determine what existing programs, such as LEAA, CETA, or title XX, could be helpful to their efforts.

An important function of the clearinghouse would be public information and outreach at a national level. First and foremost, victims of violence need to know where to go for help. Also, the clearinghouse will help dispel many of the myths that exist about domestic violence so that victims and abusers alike will recognize the gravity of the problem, and so that neighbors, family and friends will be more willing to "get involved."

A feature of the bill which I feel is essential is the proposal to do an exhaustive study of State laws and practices as they relate to family violence. The first agency which most frequently, of course, comes into contract with family violence is the police. The highest incidence, I'm sure you've heard, of police officer death and injury occurs when officers are answering domestic violence calls. Many victims and abusers become involved in the legal system, whether criminal or civil, in an effort to find protection and prevent future violence.

Because each State and county has a different tradition of handling these problems, there is a wide variety of methods used by authorities to report the incidence of family violence. Thus, statistics are difficult to gather with any precision. The information generated by your hearings here will be a great help to those of us trying to determine "What should the Federal role be?"

Our legislation will not immediately banish the severe and chronic problem of violence in the home. However, I do believe it will be an important first step toward focusing national attention on the problem. Because the solution to this very personal difficulty lies with our local communities, I feel it is important to provide support for local efforts.

I can only reiterate my gratitude, Mr. Chairman, to the subcommittee and to the array of well-informed witnesses who have traveled to Washington to share with the Congress their extensive research into family violence. These hearings are an important part of the process of helping Americans recognize and fight against violence in the home.

I thank you so much for allowing me to participate.

Mr. SCHEUER. We're honored to have you here, Congresswoman Boggs, and we wish to congratulate you on the enormous leadership that you have shown in highlighting this issue and focusing our attention and concern on this issue over the years and for producing far and away the best available piece of legislation on the subject. I'm very honored to be a cosponsor of it, and I want to thank you again for coming here this morning. If you can stay, you'd be more than welcome, but I know the time pressure under which you are laboring. We're very grateful to have had you, and we congratulate you again on the tremendous zeal and leadership which you have shown in this whole area.

Mrs. BOGGS. Thank you so much, Mr. Chairman.

Mr. SCHEUER. We will now hear from Dr. Saleem A. Shah, who is chief of the Center for Studies of Crime and Delinquency at the National Institute of Mental Health at HEW, and Mr. Tom Lalley, who is deputy director of the Center for Studies of Crime and Delinquency.

Dr. Shah has testified previously before this Subcommittee. He helped us evaluate the role of the Federal Government in criminal justice research and was very helpful to us in our report that we issued and the recommendations that were made, which elicited a very fine commendatory letter from the President. Dr. Shah has also been very helpful in helping us put together this set of hearings, and he is, without any question, one of the foremost and most thoughtful and creative voices in the field of criminal justice and violent behavior in our country today.

We're delighted to welcome you, Dr. Shah, and Mr. Lalley. Your prepared remarks will be printed at this point in the record. Since your testimony got here after the start of our work recess, I would think that neither Congressman Steers nor I have had a chance to look at it. So perhaps you could talk to us in extenso, and then I'm sure that both Congressman Steers and I will have some questions to ask.

[The prepared statement of Dr. Saleem A. Shah is as follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

FOR RELEASE ONLY UPON DELIVERY

STATEMENT

BY

SALEEM A. SHAH, PH.D.

NATIONAL INSTITUTE OF MENTAL HEALTH

BEFORE THE

SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL
SCIENTIFIC PLANNING, ANALYSIS, AND COOPERATION

COMMITTEE ON SCIENCE AND TECHNOLOGY

HOUSE OF REPRESENTATIVES

Tuesday, February 14, 1978

Mr. Chairman and Members of the Subcommittee:

I am honored to have this opportunity of testifying before you today. In your letter of invitation, you requested that I address three topics: (1) the research activities and interests of the National Institute of Mental Health's Center for Studies of Crime and Delinquency in the area of household violence, (2) the relationship between these activities and the Center's long-standing program of research on problems of individual violent behavior, and (3) recommendations for the future development of a well-conceptualized and effective program of research in the area of household violence. My plan will be to address each of these topics in order and rather briefly in view of the large number of other witnesses from whom you would like to hear this morning.

I

Since 1968 the Center for Studies of Crime and Delinquency has been the focal point in NIMH for research and training activities in the areas of crime and delinquency, related law and mental health issues, and individual violent behavior. The Center operates with an annual budget of approximately $5,000,000 in research and training grant funds, and has a staff of seven professional and four support staff. The Center's program is conducted primarily through means of research and training grants which are awarded on a competitive basis to investigators working in various fields of behavioral science, social science, biomedical science, and law.

The problem of household violence is one that has been of concern to the Center ever since its inception. With the funds available we have managed since 1968 to fund several research and training projects which have been concerned in whole or in part with this area. We have not funded these projects all at once, but rather at a pace of one, two, or three projects per year as our resources have allowed. In so doing, the Center has managed to keep up a persistent effort in the household violence area, and the development of our program has mirrored the evolution of family violence studies in the United States.

Initially, in the late 1960's, the Center became involved with the problem of household violence because of our concern with the need to find ways of improving police responses to peacekeeping situations in which there is a potential for unnecessary violence to erupt between police officers and citizens. Although important work had already been done in the domestic disturbance area by Dr. Morton Bard in New York City, it was felt that there was a need for police to test alternative approaches to the domestic disturbance problem which might prove to be more cost-effective. The Center accordingly sponsored a research and training effort in the Oakland Police Department which led to the development of what has been called the "Oakland model" of domestic disturbance management.[1] This model uses a minimum of outside consultants and is based primarily on the notion that one apt way to develop a good domestic disturbance program is to draw systematically on the accumulated practical wisdom of experienced police officers who have demonstrated unusual effectiveness and competence in the management of domestic disturbances. The "Oakland model" subsequently became the basis for a police training film developed by the State of California for dissemination to law enforcement agencies within the state.

Another research project sponsored by the Center in the early 1970's concerned the police departments of Minneapolis-St. Paul. The investigator on this project used a new type of portable field electronic device for the purpose of making instantaneous and computer-readable digital recordings of highly detailed observational data on 4,800 encounters between police officers and citizens. Rather than taking an entire encounter as the basic unit of data collection, the investigator categorized each utterance or gesture by a police officer or citizen, thus permitting a deeper and more fine-grain analysis of the interaction sequences than had hitherto been possible.[2] The Minneapolis-St. Paul study involved research on police responses to domestic disturbances and also had an unexpected bonus. A researcher working in the field of infant studies found that the electronic observation recording technology developed for the police research could be used for highly detailed observations of interactions between premature infants and their mothers. Since preliminary research showed that premature infants have an exceptionally high risk (compared to normal term infants) for later becoming victims of child abuse, this researcher was awarded a grant from the Center for a study aimed at identifying and hopefully correcting abnormal interactions between premature infants and their mothers which can lead to child abuse.

By the early 1970's it had become evident to NIMH and to the research community that a broader view of family violence was needed than was being reflected in much of the work on child abuse and on police responses to domestic disturbances. Support was accordingly provided by NIMH for a new program of research on intrafamily violence which Professor Murray A. Straus had established at the University of New Hampshire. Out of this initial effort came the idea for the national survey which Professors Straus, Richard J. Gelles, and Suzanne K. Steinmetz have recently conducted. The purpose of this research was to determine the nature, incidence, and severity of household violence in the United States. Our Center has funded both this survey and a related research training project which is being conducted by Professor Straus in an effort to remedy the current shortage of skilled researchers in the area of household violence.

Thanks largely to the impetus provided by Professors Straus, Gelles, and Steinmetz, research on household violence is now reaching toward a new level of interest and activity that can have important implications for future public policies and programs. Our Center plans to assist this development insofar as our resources will allow, and insofar as our efforts do not duplicate those of other Federal agencies which are or may become interested in this field. Among future research efforts planned by the Center are studies which will add significantly to our understanding of: (1) the battered woman problem, (2) the extent to which hospitals are responding adequately to medical and related needs of battered women, and (3) the extent to which abusive parenting is associated with earlier exposure as children to home environments in which physical abuse occurred.

II

The second topic on which I have been asked to comment is the relationship between our Center's activities in the area of household violence and our concern with problems of individual violent behavior more generally.

In my view, there is a tendency in the United States towards periodic upsurges in public alarm and apprehension over the incidence in our society of homicides, aggravated assaults, and other types of individual violent behaviors. There are ample grounds for such public concerns since the United States does have a higher level of internal violence than perhaps any other advanced industrial society.

The National Institute of Mental Health is primarily concerned with research that can lead to improved understanding of human behavior, especially behavior which may stem from mental illness and behavior which is seriously deviant, maladaptive, or violent. The NIMH thus has a major and continuing programmatic interest and responsibility in the area of individual violent behavior and constitutes an important resource for dealing with research and related needs in this area.

The Center for Studies of Crime and Delinquency, as indicated earlier in this testimony, was established in 1968 for the purpose of increasing and enhancing the NIMH research effort in the area of individual violent behavior. In order to carry out this mission in a responsible and accountable way, the Center adopted the following guidelines for its program efforts. These guidelines were and are as follows:

1. The use of public funds for research related to individual violent behavior should be premised on utilitarian goals -- i.e., the ultimate translation of new information and research into tangible public benefits -- and not on the pursuit of new knowledge for its own sake.

2. Given this orientation, the Center has a responsibility to be sensitive to public concerns in the area of individual violent behavior and to develop a research program that will respond as effectively as possible to such concerns.

3. A major research need in the area of individual violent behavior can be -- and often is -- the development of improved data on the incidence, prevalence, and seriousness of such behavior. To the extent that such data are not being gathered by other Federal

agencies, the Center has an obligation to develop additional data that can assist the future development of improved programs in the areas of research, prevention, and treatment.

4. Since individual violence is a highly complex phenomenon, the Center also needs to sponsor research that encompasses several disciplinary and substantive areas. For example, even though resort to violent behavior may some times be a reflection of individual psychopathology or mental illness, these characteristics alone do not generally provide an adequate explanation of individual violent behavior, as is glaringly evident from the fact that by far the vast majority of psychotics and other seriously disturbed persons do not commit acts of violence. Hence, it is critical that research examine not only biological, psychiatric and psychological factors which may be associated with individual violence, but also how any of these factors interact with specific social, environmental, familial, and larger institutional forces.

The Center's previous, ongoing, and planned studies in the area of household violence provide examples of our efforts to bring multidisciplinary perspectives to bear on a phenomenon that has attracted great public interest and concern. Another example (out of several that might be cited) concerns the research which the Center has supported in response to extensive speculation -- as well as some premature assertions -- in scientific journals and in the mass media about the existence of a possible link between the 47,XYY chromosomal abnormality and violent behavior. Our concern was that public policies as well as criminal justice system responses might be based upon incomplete and possibly misleading information concerning individuals with the XYY anomaly.

The Center funded several studies, beginning in the late 1960's, in efforts to gain better understanding of the behavioral implications of such chromosomal variations. Recognizing, also, that public needs often require that important policy determinations be made before definitive research results are available, the Center sponsored a two-day conference in June 1969 to assess the current state of knowledge on the XYY issue. The conference involved experts from the fields of genetics, medicine, psychiatry, psychology, criminology, and law. The conferees came to the conclusion that until more precise knowledge became available, no decisions should be made about an individual based simply upon the fact that he had this chromosomal condition. The published report of the conference thus served as an interim guide to policy-makers until further research findings became available.[3]

Subsequently, one major study funded by our Center, and involving the screening of several thousand men, yielded no evidence that males with the XYY chromosomal constitution were unusually aggressive or violent. Instead, the researchers found that while the XYY males did have a somewhat elevated crime rate, their crimes mostly involved property offenses.[4]

III

The third topic which I have been asked to address concerns my recommendations for the future development of a well-conceptualized and effective Federal research effort in the area of household violence.

The problem of household violence, like any other phenomenon of individual violent behavior, is inherently complex and many-faceted. Given the complexity of the problem, it seems to me that a Federal research strategy with respect to household violence should avoid the pitfalls of excessive compartmentalization. There will certainly be needs for some highly focused research on specific types of household violence and on various factors associated with the distribution, rates, nature, seriousness and other characteristics of such behaviors. However, there is a continuing need also for research within a broader and multi-disciplinary framework concerning problems of violent behavior more generally. Stated differently, violence within the household is a sub-category of individual violent behaviors, and our improved understanding of the broader category should offer valuable insights about more specific manifestations within particular social contexts and settings.

Another important consideration is the need for a realistic understanding on the part of all concerned as to how much and what can reasonably be expected of a Federal research effort in the area of household violence and over what period of time. The desired improvements in our knowledge and understanding of household violence are apt to come slowly. The findings from initial studies will often need to be tested and refined by subsequent studies before there can be expectations of more tangible benefits from research in the form of improved service programs and public policies.

It is my view that a steady and long-term period of support is essential for developing and refining important new knowledge about household violence. Short term and "crash" efforts are not likely to provide the solid base of knowledge that will be of more enduring social value. Nor is it likely that research findings produced in a "crash" approach will offer reliable guides for policy or find expression in carefully tested programs of prevention and treatment.

In closing, Mr. Chairman, I am honored to appear before this distinguished Subcommittee, and will be pleased to respond to any questions you may have.

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STATEMENT OF SALEEM A. SHAH, CHIEF, CENTER FOR STUDIES OF CRIME AND DELINQUENCY, NATIONAL INSTITUTE OF MENTAL HEALTH, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE; ACCOMPANIED BY THOMAS LALLEY, DEPUTY CHIEF

Dr. SHAH. Thank you very much, Mr. Chairman.

It's an honor to appear again before this subcommittee and to express some thoughts about the activities of the NIMH Center for Studies of Crime and Delinquency in the areas of concern to this subcommittee.

I also recall a meeting with Congressman Steers and some of your staff last summer on this issue, and we share your interest in this area.

Rather than read my written remarks, with your permission, Mr. Chairman, I would prefer to just touch on some highlights.

Mr. SCHEUER. You have our permission and our urging.

Dr. SHAH. Thank you.

The NIMH Center for Studies of Crime and Delinquency operates with a total budget of about $5 million and a professional staff of seven, and a support staff of four.

We have, since the very inception of the Center, when we received our own funds in 1968, defined individual violent behavior as one of the priority concerns of our activities. And under that broader rubric of individual violent behavior we have been concerned with studies not only of crimes of violence but also the development of childhood aggression, the handling and treatment of childhood aggression, the effects of social learning and socialization patterns which facilitate violent behavior. We have been concerned with targets of child abuse. Prior to the development of the National Rape Center, our Center did work in the area of rape. We also have been concerned with studies in the area of domestic violence, and you shall be hearing much more about that from the researchers who are over here: Professor Straus, Dr. Steinmetz, Dr. Gelles, and others, so I will not get into that area.

One important point that I would like to make is that I would not claim to be an expert in the area of domestic violence. Rather, I will discuss that subtopic against the background of the broader work that we have done in individual violent behavior more generally.

My personal view would be that one needs to conceptualize and study the phenomenon of domestic violence as a subcategory of the broader phenomenon of violent behavior, and yet as a broader category of all the factors that facilitate violence in our society, whether individual or group.

I don't believe that basic laws of behavior would markedly change or be changed as a function of the setting and context of the behavior. Although, certainly there are unique aspects to the subcategories and one certainly needs to have understanding not only of the broader themes of individual violent behavior but also, if I may say, the variations on the themes, and to what extent the unique context of the family, of the norms of the family, the privacy in the family, the legal, ideological and philosophical aspects of the family may conduce to particular types and frequencies of violent behavior.

Mr. SCHEUER. Let me just ask a question

We normally consider the family a haven of love and mutual support against all the tensions, anxieties, pressures, and rigors of the outside world.

Now, how is it that there is more violence perpetrated within the home, apparently, than there is outside of the home? Doesn't this go against every grain that we have, every precept? Doesn't this go against the basic perceptions of Americans, that it's a question of "Us versus Them", that intrafamily there's mutual love, support, esteem, sharing, concern, and outside the family "They're gunning for us."

Dr. **Shah.** It does shatter some preconceptions and perhaps stereotypes that one would like to believe, that the family is a cradle of love, harmony, and support. However, the closeness of the relationships, the propinquity, the interactions, the conflicts that develop in any relationship are all very relevant factors. Any two-party relationship is bound to be affected by those factors. Plus, there is a lack of the external audience, which may very often have a constraining or limiting influence; that is, serve as an inhibiting factor.

So I think, as I said earlier, Mr. Chairman, the same laws of behavior that operate to influence violent behavior in other contexts have to be considered. Where there's intimacy, privacy, closeness, the opportunity for sustained conflict, and also the inability to resolve the conflict through other means, one would expect, and one certainly finds, that the family also has its share of violence—perhaps more than its share of violence. And with regard to what we would like to believe as to the love and harmony that should exist, I might simply note that we also would like to believe that our religious institutions should foster brotherhood and love, and yet I seem to recall that wars have been fought and people have been killed—perhaps to save their souls.

So I'm not sure that there is any great conflict here. It simply has shattered a myth, and I would suggest that Professor Straus and his colleagues can go into much more detail, based on the considerable empirical evidence that they have developed.

I mentioned earlier, Mr. Chairman, that there is a need, I believe, to study the phenomenon of domestic violence in a broader context. I mention that because in our program we are concerned with biological science studies, behavioral science, social sciences, as well as empirical legal studies. There is a tendency among scientists to be constrained by the particular discipline they come from, by the particular concepts they use, by the particular assessment tools that they happen to have. I think in a similar fashion, if there's too much specialization there may tend to be a kind of compartmentalization and one may not be able to see the commonalities that run across the phenomena of concern. Which is not to say that one should not study any specific subcategory, but again, to reiterate my point, that these would better be seen as variations on a broader theme of violent behavior in our society.

One of the problems that one has in the field is a lack of synthesis, an integration across disciplines, and since our Center is concerned with studies across several disciplines we try to encourage and facilitate some multidisciplinary perspectives. It is a hope that is difficult to achieve, but it is certainly one that we continue to try to develop.

I might give an example, Mr. Chairman, as to the ways in which a basic conceptualization of behavior cuts across settings and situations. Even though our program is located within the National Institute of Mental Health we do not have any preoccupation with psychopathology of any kind as a main determiner either of domestic violence or of any other violence, even of crime and delinquency. Rather, we conceptualize behavior as involving an interaction between characteristics of individuals—be they biological, psychological, social, or other—and particular settings and social environments. So that basically and fundamentally, whether one comes out of a background of sociology, or social psychology, or ecological psychology, there is this interactional perspective that cuts across.

Now if I may give an example from some clinical experience that I had several years ago, it might illustrate the point I am trying to make in regard to understanding both the individual and interactions with settings or situations. When I worked in a legal psychiatric setting doing assessments for the courts we had occasion to see a young woman who had been charged with child abuse. Specifically, she had severely beaten the child, and the child was in danger of losing an eye. This young women was all of 23, had three children, all below the age of 4½. She was a single parent.

It became evident that she was generally a rather attentive and effective care-giver.

Mr. SCHEUER. An effective what?

Dr. SHAH. Care-giver, giving care to the children as a parent. The stereotype of the abusing parent as bad, vicious, nasty, is really not very accurate, I would suggest.

It was learned that it was only in special circumstances that the children were especially vulnerable to being battered, and these circumstances came when the young woman's boy friends would leave her and she would be left alone without any support or assistance to take care of three children, mind you, all three of whom were below the age of 4½. Given that acute social situational stress and the demands of three small children—one of them was somewhat sickly—this young woman would begin to drink, and it was during these times that the incidents of battering and hitting would take place.

The purpose or the issue of prevention, then, pertains not to extensive psychotherapy or treatment of this young woman, but rather, the provision of support services, especially at those times when she was bereft of such support. Given that kind of support and monitoring, there would be no reason why this woman could not function in her more typical manner, namely, she was a fairly effective care-giver to the children.

I mention this to indicate the specific setting and situation aspects which may facilitate and elicit certain types of behavior. This has implications, Mr. Chairman, for not only programs of treatment—and I'm using the word "treatment" in a very broad sense, that is, interventions designed to remedy a problem rather than in a psychiatric or medical sense—and also programs of prevention.

One big concern that we have is the extent to which findings from research get translated into implications for relevant policies and programs. There isn't any quick and ready translation and there are many problems of trying to replicate, evaluate, and to carefully test intervention programs before broad service programs are launched, because there is concern as to whether or not that which we do, regardless of whether we do it in the name of prevention or treatment, is, in fact, effective. Does it, in fact, do what we expect it or hope for it to do?

There are some examples in my written testimony, which pertain to the kinds of studies that we have funded. I have alluded to them earlier, and unless you have specific questions I would prefer perhaps to not get into those studies to save time.

I would also indicate, as a way of again pointing to the commonalities and the similarities of the various types of violent behaviors, that there are a number of parallels between the research findings on domestic violence and some crimes of violence.

For example, it is well known, official statistics notwithstanding, that the phenomenon of crimes of violence as well as domestic violence are rather widely distributed in the general population, not just in the lower social classes. Self-report and victimization studies provide ample demonstration of this.

However, there is reason to believe that the frequency and perhaps even the intensity of violence may be slightly higher among some subgroups, the lower and working class groups.

There is under-reporting as a function of perceived threats from the assaulter, public reactions, stigmatization, and, unfortunately, the problems that one encounters in dealing with our criminal justice system. Variables of opportunity, intimacy, propinquity are also factors in other types of crimes of violence as in domestic violence.

I might mention, Mr. Chairman, that actually murder, criminal homicide, between spouses is a rather low category of all murders. It used to be higher. If you take the Uniform Crime Reports, only about 12 percent of murders involve husband and wife.

Mr. SCHEURER. I'd say that's a big figure. How many homicides do we have annually?

Dr. SHAH. We have had around 20,000 during the past 4 or 5 years.

Mr. SCHEUER. In the whole country?

Mr. SHAH. Yes.

Mr. SCHEUER. So you're talking about a little over 2,000?

Dr. SHAH. Yes. And I'm talking about criminal homicides, which are distinguished from all homicides in general.

Mr. SCHEUER. You're not talking about murder in the first degree?

Dr. SHAH. I'm talking about murder in the first degree, murder in the second degree, and nonnegligent manslaughter. If you take all murders——

Mr. SCHEUER. We certainly have more than 20,000 every year, don't we?

Dr. SHAH. Well, it has been going up, but dropped in 1976. The rate is almost 9.6 or 9.8 per 100,000 population; it dropped to 8.8 in 1976.

Mr. SCHEUER. That's right. It's just about 10 per 100,000. I think in most other developed countries in the world it's between 0.5 and 1.5 per 100,000, so we average about 10 times the rate for most other developed countries.

Dr. SHAH. That is correct.

Mr. SCHEUER. And I might say that in some developing countries, particularly in the Middle East and in South Asia—this would not include Africa—the rate of homicide is even less.

Dr. Shah. That is correct.

Mr. Scheuer. I'm talking about Egypt, Syria, Lebanon, Saudi Arabia. It may be that because of the draconian sentence structure under the religious codes—and we've seen a recent example of that in the paper in the last few days—the deterrent factor is powerful.

Singapore has virtually a crime-free society, and one of the reasons, I'm told, is because they still have the old British penalty structure, which includes a certain number of lashes, for a violent crime, and I'm told that that is a very powerful deterrent.

But be that as it may, our rate of violent crime would be far higher than most countries elsewhere in the world, both developed and undeveloped, I think with the possible exception of Africa.

How about intrafamily violent crimes? How about the 2,000 homicides that take place between spouses? Would that be a higher rate of intrafamily murders than exists around the world?

Dr. Shah. As a proportion of all criminal homicide, some of the other developing countries have higher rates.

Mr. Scheuer. Even though there's a far lower incidence?

Dr. Shah. Yes, sir.

The reason they have a higher rate of intrafamily violence, or homicide, is much like it used to be in our society, where we had higher rates before of violence among friends, acquaintances, which happens to be in the largest category of homicides. Almost 50 percent are between friends, acquaintances, and among strangers. That last category has been rising in the past 20 years.

Mr. Scheuer. Stranger-to-stranger type.

Dr. Shah. Yes. That is, you see, a function of felony-type crimes and availability of weapons, which is a major distinction, compared to other Western European countries. The weapons that make the lethal violence more possible are much more strictly and tightly controlled in these other countries. So as a function of that, then, the proportion of homicides in the family are higher, even though, as you mentioned very accurately, the rates in Western Europe generally are between 0.5 and 1.5 per 100,000 population.

Mr. Scheuer. Dr. Shah, what percentage of intrafamily crime is due to physical factors like diet, like hormonal imbalance, like certain types of genetic inheritance? I remember that the chap who murdered six or seven nurses, I was told, was lacking some Y factor.

What percentage of these are due to physical factors, involving nutrition, dietary deficiencies, and, as I said, hormonal factors and genetic factors, and what percentage of these crimes are due simply to stresses, emotional and social stresses, within the family that explode into violence?

Dr. Shah. My judgment would be that the vast majority by far would not be related to factors such as diet, genetics, and the like. The great bulk of the incidents that you're talking about are a function of social, personal, economic, and psychological stress factors.

As a matter of fact, and interestingly you mentioned that, Mr. Chairman, Richard Speck, the convicted murderer of six or seven nurses in Chicago, was touted in the media to have an extra Y chromosome, the 47 XYY chromosome abnormality; he was even held out as being the prototypic XYY male. In point of fact, he is not an XYY male. He has the same chromosomes as you or I, 46 XY.

And the studies that we have supported to test the above kind of speculation, not only in the media but, regretably, in scientific literature, too, indicating that the extra Y chromosome was somehow associated with crimes of violence and violent behavior, these studies do not support that. In other words, while these individuals with XYY chromosomal abnormalities may have slightly higher rates of crime, these crimes by and large are property crimes. So that that search for a genetic basis to violence certainly has not been in any way validated through research.

But I might mention, that this is not to say that there may not be other factors, such as certain individual differences and variations in impulsive behavioral response, and here one would suspect that the husband, for example, who has a low fuse and who has ready resort to screaming and yelling and throwing things, is going to do that within the family and perhaps with greater frequency, given the privacy of the situation, as he does when he screams and shouts and curses when his car is stalled in traffic or someone cuts in front of him, or when he is yelling and screaming at salespersons or coworkers.

There are individual differences most certainly with regard to response to provocative stimuli and the ability to regulate one's behavior.

We have also supported some studies in the area of episodic dyscontrol, that is, people who respond very quickly and very exaggeratedly to violence. I'm talking about severe and repeated violence. There have been indications that there are some neurophysiological characteristics among some of these individuals. Now, I want to emphasize that does not give us any great understanding of nor solution to crimes of violence, but it does indicate that to the extent one can pinpoint specific individual characteristics in a small proportion of these individuals, there are more precise therapeutic interventions that can be used to prevent such behaviors, as opposed to perhaps locking someone up and then literally throwing the key away.

So I mention that there are individual differences that also need to be studied from a biological, psychological, and social standpoint. But by and large, in terms of the high rates of crime and criminal violence and other violent behaviors in society, is the solution to that or the answer to that not to be found in biological and genetic factors, since the more common factors are social, psychological, and economic.

Mr. SCHEUER. I take it this is the kind of violent behavior that Prof. Sheldon Glueck at Harvard has been studying for a generation, and he has been trying to find better early warning signals at a very young age, about 4, 5, 6, or 7, that will tell us whether that child who has temper tantrums and throws things at his siblings and other students at the ages 4, 5, and 6, will be engaged in serious violent crime, a decade later.

Has there been any success, either through Dr. Glueck's studies or through anything that your group is working on, that would indicate that we have predictive tools by which we can test children at an early age?

Dr. SHAH. The studies in this area have been disappointing. It is very difficult to accurately predict almost any event that has a very low frequency.

Mr. SCHEUER. A very low frequency?

Dr. SHAH. Yes; a very low frequency.

Mr. SCHEUER. Except, as you said, where these people have these terribly low fuses, they engage in acts of violent crime very frequently.

Dr. SHAH. Yes. But it's very difficult to pinpoint that at ages 4, 5, 6, and 7. The studies by Prof. Sheldon Glueck and his wife, Dr. Eleanor Glueck, often were unable to distinguish markedly between the delinquent and nondelinquent groups. Many of the youngsters who do show some of the family characteristics, such as cohesiveness in the family, relationship of boy with mother, discipline in the family, and so forth, also become involved in delinquency. While they were able to pinpoint a number of youngsters, there were a number of youngsters from those families who did not, in fact, display that behavior. And there is, I suggest, a fundamental value or philosophical, ideological issue very much involved—at what point does one wish to intervene, how early in anyone's life, when, in fact, the behavior of concern has not yet been demonstrated?

Mr. SCHEUER. We have intervention in lots of things.

Dr. SHAH. Yes; we do.

Mr. SCHEUER. When I was in school at a very early age they intervened with me. I got certain kinds of posture exercises that the other kids didn't have because I was round-shouldered.

But where is the big difference between a kid who has a particular physical problem, for which he's getting special treatment, and the kid who may have a particular mental or psychological problem? I'm not round-shouldered any more. I may be fat, balding, paunchy, and a lot of other things, but I'm not round-shouldered. So it helped me. I was very embarrassed at that time to have to be pulled out of class to do all kinds of special exercises, but it was a good thing for me. It was an intervention. I don't regret it.

Dr. SHAH. It was an intervention directed at a problem that had been clearly identified and was already present, in contrast to——

Mr. SCHEUER. But nobody knew whether I would get over it anyway. I ended up being the captain of the high school swimming team. Maybe just all that swimming without the early intervention would have done the job. Nobody was certain at that time that there was an absolute cause-effect relationship between these exercises and my posture as an adult. But they thought it would help, along with everything else I was doing.

What's the big difference between that kind of help and some kind of psychological counseling or any other appropriate intervention for a possible problem?

Dr. SHAH. There are two or three distinctions, Mr. Chairman. One of them would be how specific and clearly evident is the problem, and, using your example, childhood misbehavior at the ages of 5, 6, and 7 is not a very good predictor of serious delinquent or violent behavior later on, because youngsters frequently grow out of that.

Now, it also depends on the intrusiveness of the intervention and the demonstrated effectiveness of the intervention. Most of the delinquency prevention studies have been unable to demonstrate any great effects of the intervention. Now, if the intervention were highly effective there would be, I think, a better rationale for that.

Mr. **Scheuer.** Do you feel that we need more research into how we can intervene effectively in changing these kind of violent behavior patterns?

Mr. **Shah.** Yes; indeed. Most certainly.

Mr. **Scheuer.** Is there any consensus within your profession as to the kind of research that we need? Could you describe the kind of research that our committee ought to be funding, or some other relevant committee of the Congress, perhaps the Health Subcommittee, Paul Rogers' Health Subcommittee?

Dr. **Shah.** Yes; there is a degree of consensus, in the sense of trying to get a better understanding of those patterns of child rearing, early socialization, that seem to facilitate and are conducive to the development of behaviors which rely upon violence as a means of disputes.

We have several studies going on with regard to childhood aggression. In other words, we don't wait until the youngster has gotten into trouble with the police or with the juvenile court. These are the youngsters of 8 or 9 or 10, who have been been beating up their siblings; they are a terror on the playground; they have injured a few pets; and the behavior is quite obvious. The concern has been to go into the homes with the permission of the parents because they need help to see what is there in regard to the family interactions and the way in which the child's behavior is being managed, that may be leading to or facilitating this type of problem.

Also, even though, let's say, Johnny is 12 years old, little Nicky is 6, and little Joey is 3, so if that particular family has difficulty in handling the youngsters, for example, they use discipline methods or approaches that seem to reinforce or maintain childhood aggression, then, of course, it's very important to try to not only work with the youngster but also with the parents.

This research has now gone on for several years, and there is promise of success. But it is necessary to further refine, to test, and to further refine the intervention. I think this type of stable, long-term research is what is very important, in contrast to short, perhaps heavily funded, but "crash" programs.

The researcher who has been working in this area, Dr. Gerald Patterson, and his colleagues have been at it now for more than 10 years. There's a certain proportion of families that within a matter of no more than about 10 or 12 professional hours of time, they can effect some change. There are some other families and youngsters where it takes two, three, or four times that kind of effort; and then there are some families that even with the best available technology and efforts they have they can't seem to reach them. Thus, one needs to be more precise about the technology; one needs to replicate and to test the technology. Because I can do something doesn't mean that someone I train can also do it.

So there is some consensus about trying to determine the factors that help in the socialization of children, both to use violence as a means of resolving disputes and also the reverse, which, I may say, has been neglected. That is, why is it that so many youngsters coming from some horrible backgrounds do not display criminal and violent behavior? I think we have neglected this latter issue. I think we can learn as much about delinquency prevention and treatment by looking at the other side. Why do some youngsters living in the inner city, in broken families, in areas of high crime rates, why do they not engage in similar behavior? And the bulk of them do not.

Mr. SCHEUER. And why are they able to go on to our public school system, graduate from high school and get into college, graduate from college and end up in professional careers? We seem to blame the schools for everything, and yet nobody thinks about the kids who do go through the schools, benefit, learn, acquire job skills, and go on to postsecondary education and end up being very productive citizens.

Dr. Shah, I want to ask you one more question. We're running terribly late, but your testimony has been very interesting, and I didn't want to cut you off.

You mention in your statement a grant on which you are working, aimed at identifying and hopefully correcting the abnormal interaction between premature infants and their mothers, which can lead to child abuse.

I was very intrigued by that. Could you just expand on that briefly?

Dr. SHAH. Yes. I'll just mention briefly the study, and then my colleague, Mr. Lalley, can give you more details.

It's been known for a good while that premature infants seem to be at higher risk for being the victims of child batterings. The commonality, however, pertains not to prematurity itself, but rather to those aspects of the infants that put an undue, heavy, and sustained demand on the care giver. For example, as opposed to the 1 month old who sleeps through the night pretty much, or is on a 4-hour schedule, the "high-risk" infant may need to be fed almost every hour on the hour, do much crying, may be sickly, and so forth. In that type of a situation it's a characteristic not of the mother who is vicious or nasty, but the very difficult and demanding characteristic of the child. And this is something that has been found not only with regard to the premature infants but also with regard to those who are mentally retarded or who have physical or mental abnormalities and the like.

Tom, you may want to give other details.

Mr. LALLEY. Yes. I'll just give a brief description of that.

Mr. STEERS. Could I interrupt before we conclude with Dr. Shah?

You indicated at the beginning of your testimony that some of my staff, that you were familiar with the fact that they were looking into this problem.

I might throw in that Ms. Roberta Avancena, who is here today, attracted my attention to this problem, and we worked up a bill. The bill provides that the activity called for will be under the jurisdiction of the National Institute of Mental Health, of which you are a part.

I wondered whether you are familiar enough with the bill or with the field that we are considering to have an opinion as to whether that is a good place, or the best place; for domestic violence treatment and prevention?

Dr. Shah. I am familiar with the bill, Mr. Steers, and I have reviewed that.

As a staff member of the National Institute of Mental Health, I really don't believe I should say whether it is the best place. It would simply sound very self-interested and far from objective.

But I might simply mention this: That the National Institute of Mental Health does have a wide range of research activities: biological science, behavioral science, and social science, with focus on clinical as well as basic research. Within that broad context the NIMH certainly has a demonstrated record over the past many years of high quality research, which is aimed not only at understanding the basic phenomena, but also concerns of intervention, prevention, treatment, remediation. The National Institute of Mental Health also has training authority, as you know, sir, whether it's research training or clinical training, to equip people to have the skills to provide services. And, through the community mental health centers, it also has opportunity for direct delivery of services. So to the extent that the Institute has that array of authorities and services, it would seem to be one of the places to consider for the kind of broad range program that I recall is proposed in the bill.

Mr. Steers. Not to belabor the point, but you gave as a reason for not stating that it was the best place the fact that you might be interested. Of course, anybody who is not part of NIMH might not know enough about the Institute to know whether it would be a good place.

Let me ask you: Do you know of any other part of the Federal Government that you think is better suited to have reposing in it the activity called for in my bill?

Dr. Shah. To the extent one is looking for a wide range of research efforts, long term and high quality, with a good quality control elements, to the extent one is looking for a wide range of training efforts in the research area and in the clinical area and related technical assistance, consultive resources, at the risk of being parochial, I think NIMH probably would be one of the better places.

Mr. Steers. Thank you.

Mr. Shacknai. I know the chairman has a further interest in this line of questioning. He was called over to the floor for some rather pressing business. We wanted to get into the record your comments on the correlation between premature children and subsequent child abuse.

Mr. Lalley. Yes. I'll be brief.

The research in question to which the chairman alluded is being conducted at Grady Memorial Hospital in Atlanta, which services a predominantly low-income, inner-city black population. The researchers were concerned by some earlier findings that premature children born at Grady were at exceptionally high risk for becoming victims of child abuse, usually at age 18 months or earlier. And so they applied for and received a grant from us to study interactions between premature babies and their mothers, and then compared these interactions with interactions between full-term infants and their mothers.

Some very interesting and, in a way, very unexpected findings have come out of that study. Using some very highly sophisticated electronic observation and recording technology, they were able to study infant-mother interactions in considerable detail and to objectively identify differences in interactions between premature infants and mothers and full-term infants and mothers. Namely, that premature babies are not only, as Dr. Shah indicated, less attractive, more irritable, more demanding, but they're also more passive and they don't emit those cute, attractive, cuddly behaviors that help endear a baby to the mother and elicit loving behavior from the mother in return. Premature babies are more difficult to deal with.

They were able to identify that relations between mothers and premature babies a few days after birth and even a few weeks after birth were less warm and close than they were with full-term babies.

Now, the significant finding came out when they reexamined these babies and their mothers at a 3-month interval and later at a year interval, they found that those relationships had over that time grown closer. The only explanation they could attribute to this was that these low-income mothers, deprived of many conventional supports that other population sectors had, had worked hard to make a success of their relationship with this particular child.

This finding contrasted rather sharply with what they had observed previously, that premature babies were a high risk for child abuse. This group that they were studying was moving in another direction. Apparently, the parent, the mother, by extra efforts, had solved this problem and shown real strengths under rather unfavorable circumstances, and this led them to look in an unexpected direction. Early in the research, and at the suggestion of our review committee, they had hired a social worker to help make contact with these subjects, to see if they showed up on time for periodic checkups, for research appointments, and to provide what other assistance they might to these subjects as need and opportunity arose. The researchers are now coming to the conclusion that the presence of this social worker, who provided this outside support, may have been the factor that enabled these mothers to deal successfully with their premature infants at times of crisis and stress. And, when they looked over the records they found that, indeed, these mothers of premature infants had called for assistance of a social worker more often than those who were mothers of full-term infants. This suggests, and these findings will be coming out in a report that they're going to develop for publication this summer, that when we have an agency such as a public hospital which deals largely with low-income population, and when you have known "high-risk" children, such as premature children and other children with developmental disabilities or physical deformities, that if one were simply to have some sort of low-cost ongoing contact, outreach, with those mothers and those infants, we might move very effectively to avoid subsequent cases of child abuse and neglect.

Mr. SCHEUER. Mr. Lalley, you're talking about some kind of a "hotline," 24-hour-a-day hotline?

Mr. LALLEY. A hotline, and also somebody in automobiles who can go out to them, and this can be paraprofessionals.

Mr. SCHEUER. That's the question I was going to ask. Could they be neighborhood people?

Mr. LALLEY. Certainly they could. It's just that kind of continuing care and attention that sees results.

Mr. **Scheuer**. With about 6 months to 1 year of on-the-job training?

Mr. **Lalley**. Exactly.

Mr. **Scheuer**. Something of that kind?

Mr. **Lalley**. Yes.

Mr. **Scheuer**. We've kept you long beyond your allotted time on this morning's schedule. We're about a half an hour late. But you really were terribly thoughtful and interesting witnesses, and we thank you, not only for your splendid testimony this morning but for your many acts of kindness and generosity in assisting this subcommittee in its work.

Dr. **Shah**. Thank you very much, Mr. Chairman.

Mr. **Lalley**. Thank you, Mr. Chairman.

Mr. **Scheuer**. We'd now like to ask Mr. Douglas Besharov to come forth, who is the Director of the National Center for Child Abuse and Neglect of the Department of Health, Education, and Welfare. Is the young lady with you?

Mr. **Besharov**. Yes, Mr. Chairman. May I introduce Ms. Kee MacFarlane, who is a program specialist at the National Center? Her specialties include sexual abuse and spouse abuse.

Mr. **Scheuer**. Very good.

Mr. Besharov, your testimony will be printed in its entirety at this point in the record. So why don't you simply chat with us, and Ms. MacFarlane can join in at any time? We'll keep the goings on very informal. So if either of you care to interrupt, please feel free to do so.

Mr. **Besharov**. Thank you, Mr. Chairman.

[The prepared statement of Douglas Besharov is as follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

TESTIMONY
OF
DOUGLAS J. BESHAROV
DIRECTOR, NATIONAL CENTER ON
CHILD ABUSE AND NEGLECT

CHILDREN'S BUREAU
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES

BEFORE THE

COMMITTEE ON SCIENCE AND TECHNOLOGY
(DISPAC SUBCOMMITTEE)

HOUSE OF REPRESENTATIVES

FEBRUARY 14, 1978

Mr. Chairman, members of the Committee. My name is Douglas Besharov. I am the Director of the National Center on Child Abuse and Neglect.

I am pleased to come here today to describe the goals and activities of the National Center on Child Abuse and Neglect.

I was previously Director of the New York State Assembly Select Committee on Child Abuse. Before that, in the New York City Corporation Counsel's Office, I was the Assistant In-Charge-Of Family Court Planning and Programming. As such, I supervised a staff of 37 attorneys assigned to child abuse and neglect, juvenile delinquency, supervision, support, Uniform Support to Dependents Law (USDL), paternity, and family offense cases.

INTRODUCTION

In 1973, under the leadership of then Senator Walter Mondale and Congressman John Brademas, the Congress held a series of hearings across the country which revealed that State and local efforts to combat child abuse and child neglect were widely deficient.

At that time, although all fifty States had child abuse reporting laws, the legal framework for child protection work was often incomplete and unnecessarily complex, thus making it difficult to successfully implement effective programs. Moreover, the institutional support necessary to sustain adequate treatment and preventive services was widely lacking. Child protective workers were generally not given the training, skills and ancillary services necessary to meet their important responsibilities.

In almost every community in the Nation, there were inadequacies, breakdowns, and lack of coordination in the child protective process. Reports were increasing faster than agencies could handle them, yet detection and reporting remained haphazard and incomplete; protective investigations were often backlogged or poorly performed; and suitable treatment programs were almost non-existent for the majority of families needing them.

Too often, the only treatment alternatives available to child protective agencies were infrequent and largely meaningless home visits; overused, and sometimes abusive, foster care; and unthinking reliance on court action. Lacking suitable long term treatment services, most American communities were faced with a grim choice in cases of serious abuse or neglect: either break up such families or leave the children at home where they might be seriously injured or even killed.

Studies indicated that as many as three-quarters of the children whose deaths were suspected of being caused by child abuse or neglect were previously known to the authorities.

The Congressional response was the nearly unanimous passage of the Federal Child Abuse Prevention and Treatment Act of 1974, often called the "Mondale Act," because of its chief sponsor.

The Act, P.L. 93-247, created the National Center on Child Abuse and Neglect to provide the first sustained focus for Federal efforts to improve the plight of abused and neglected children and their families.

The National Center (NCCAN) is an organizational part of the U.S. Children's Bureau within HEW's Administration for Children, Youth, and Families of the Office of Human Development Services.

The authorizations and appropriations that have supported the National Center since it was established are as follows:

Fiscal Year	Authorization	Appropriation
1974	$15 million	$4.5 million
1975	$20 million	$14.7 million
1976	$25 million	$18.9 million
1977	$25 million	$18.9 million
1978*	$25 million	$18.9 million
1979**	$25 million	$21.2 million

As mandated by P.L. 93-247, over 50% of each year's appropriation is allocated to demonstration projects. The law also requires that no less than 5% nor more than 20% of the appropriation be allocated to eligible States for strengthening their programs. Since FY 1975, the full 20% has been allocated to these special State grants. But last year was the first year that the full 20% was actually spent on State grants, because large numbers of States were not eligible until then. (42 States are now eligible or conditionally eligible.) Depending on the year, from 10-15% of appropriations has been spent on research. An additional 10-15% has been spent on training and technical assistance. The remaining 5% of appropriations has supported the gathering, analysis and dissemination of program and research information (through the NCCAN Clearinghouse on Programs and Research and through highly targeted publications). Pursuant to its enabling legislation, the National Center also develops recommended Standards for Child Abuse and Neglect Prevention and Treatment Programs and helps coordinate Federal activities through the Federal Advisory Board on Child Abuse and Neglect. (A copy of the Act and the regulations implementing it are attached as Appendix 1 of this statement.)

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*Legislation extending the life of the authorization is presently pending before Congress.

**Based on the President's FY 1979 Budget Request.

NCCAN ACTIVITIES

The following is a partial listing of NCCAN activities by category of activity.

Research Projects

The law requires the National Center to "conduct research" into the causes, prevention, identification, and treatment of child abuse and neglect. In fulfillment of this requirement, we have funded 16 research projects exploring:

-- the factors contributing to child abuse and neglect, including family, social and economic stresses;

-- the relationship between drug abuse and alcohol abuse and child maltreatment;

-- promising preventive and treatment techniques; and

-- the means to measure and evaluate the effectiveness of programs.

Underlying much of our research is an attempt to better understand the complex relationship between psycho-social factors and individual behavior. For example, poverty is frequently cited as a stress on parents that can lead to abuse. And yet, we know that most poor families do not abuse or neglect their children. Understanding issues such as this will help us to identify and support needed preventive and treatment services. (More detailed descriptions of the National Center's research projects are found in Appendix 2.)

The law also requires the National Center to make "a complete and full study and investigation of the national incidence of child abuse and neglect." At the present time, we estimate that there are approximately 1 million abused and neglected children in our country. Of this total, about 100,000-200,000 are physically abused, from 60,000-100,000 are sexually abused, and the remainder are "neglected"--an omnibus term used to mean parental failure to provide such basic necessities of life as food, clothing, and shelter. We are now in the midst of a nationwide study of the actual incidence and severity of unreported as well as reported cases of child maltreatment in the United States.

By giving us a more precise idea of the extent of child abuse and neglect--by State, by demographic and geographic characteristics, and by type of abuse and neglect--this incidence study is expected to facilitate the better allocation of limited service resources and, perhaps more importantly, it should help mobilize greater public support for treatment and preventive efforts.

Demonstration Projects

As I mentioned, the present law requires that 50% of the appropriations be used to support demonstration projects.

We have established 16 Demonstration Treatment Centers, in various parts of the country, to develop and test comprehensive service techniques which, if they prove successful, can be replicated elsewhere. These projects are responsible for total case management within the context of the community-wide coordination of services. Most of the projects are using interdisciplinary teams of professionals to guide and coordinate their efforts. Depending on the project, they are performing child protective investigations, child and family assessments, and direct treatment (including group therapy, art therapy, and play therapy). Many are operating 24 hour hot-lines (sometimes called "help lines") for parent counseling. All of these projects are focused on the goal of keeping families together and preventing the unnecessary placement of children. Staffed by specially trained teams of professionals and paraprofessionals, these unique centers are attempting to demonstrate what can be accomplished when treatment staff have the time and resources to meet the needs of multi-problem, abuse and neglect families. Each year, these projects serve over 8,000 children in 5,000 families. (More detailed descriptions of these projects are found in Appendix 3.)

We have funded 9 additional Innovative Demonstration Projects to address the problems of three groups of families that are often not adequately served by existing systems--Native Americans, military, and rural families. Especially sensitive to the traditions and problems of the populations they serve, these projects are seeking to place child protective work within their client's cultural context. By ensuring that their clients receive the full range of needed services, these projects are identifying gaps in existing service systems for these special populations and moving to fill them. Each year, these projects serve over 2,000 children in 1,000 families. (Descriptions of these projects are found in Appendix 4.)

We have also established 16 Demonstration Resource Projects to explore how best to help localities and private citizens to assess, coordinate, and improve services. In response to State and local needs, they provide a diversity of training and technical assistance, including consultative services on case management and agency administration and specialized training in interdisciplinary settings to accomplish "cross-fertilization" of ideas, concepts, and understanding. Each year, these projects respond to over 10,000 technical assistance requests and train over 15,000 individuals. (Descriptions of these projects are found in Appendix 5.)

We have funded 22 Demonstration Training Projects (to 16 States and 6 national professional organizations) to test the National Center's training curriculum on the identification and referral of child abuse and neglect cases. In one year, these projects trained over 23,000 individuals.

We have also made a grant to Parents Anonymous, a parental self-help group, to increase its coverage across our country. Progress has been substantial--four years ago there were 60 chapters of Parents Anonymous, now there are over 750 chapters, with at least one in every State, helping over 7,000 parents deal with their problems. Over 200 chapters were established last year alone. The Parents Anonymous self-help WATS hotline received over 11,000 calls in the last year. In the coming year, we expect state organizations to be established in 25-30 states. Membership is expected to double in the next two years.

All of the above described demonstration projects are being evaluated by outside teams of experts to determine what seems to work and can be replicated in other communities.

TRAINING

On the basis of a nationwide assessment of needs in 1975, we identified training as an urgent priority. As an immediate measure, we trained 1,700 professionals and paraprofessionals in a series of 5-day conferences in all parts of the country.

But in the long run, training cannot be provided directly by a National Center like ours--it must be a local responsibility tailored to fit local needs and practices. Therefore, we have produced a multidisciplinary curriculum package that can be used by local trainers to present comprehensive, thought-provoking, and interesting training sessions. All necessary materials are contained in the package, including an easily readable guide, seven films, and ten film strips. In its first year of use, over 30,000 people were trained with the assistance of this curriculum package.

In addition, our regional offices and Demonstration Resource Projects, which I just mentioned, annually train over 15,000 people. For example, for two years now, over 6,000 Head Start personnel have been trained annually in methods of recognizing and effectively handling situations of child abuse and neglect. (To augment this effort, we have published a "Self Instructional Manual on Child Abuse and Neglect for Head Start Personnel.")

TECHNICAL ASSISTANCE

We have found that the impact of our technical assistance activities is maximized if we: (1) develop model, or prototype, materials that can be of lasting benefit to a wide number of agencies, by being implemented or adopted for local use, and (2) ensure that technical assistance efforts are tailored to locally identified needs.

Therefore, in 1975, we performed a region-by-region national assessment in which state and local service providers, planners, and consumers identified areas for immediate action. Each HEW Regional Office developed a two-year plan to upgrade services. Many of these plans included: training of social workers, police, judges, mental health professionals and educators (25 States); community-wide multidisciplinary teams to improve child protective case planning and management (12 States); statewide interagency coordinating committees (6 States); and the organization of comprehensive emergency services for children and families (3 States). These plans were successfully implemented and we are now assessing future needs.

Some of the prototype or model materials we have prepared are:

- A Model Child Protection Act which, after final revisions, will be available to those wishing to improve state child abuse laws;
- A hospital protocol for the identification and reporting of child abuse and neglect which has been field tested and will soon be widely distributed;
- Three models of information systems States can use to improve their record keeping and central register systems; and
- Public awareness materials to increase knowledge and sympathetic understanding of child maltreatment.

I think that our public awareness materials bear special note. In consultation with 20 treatment agencies, we prepared a series of public awareness materials, including TV and media spot announcements, posters, newspaper and magazine advertisements -- all individualized for local use--and a manual on their use. We have learned that an informed and supportive citizenry is crucial to the breaking of bureaucratic log jams and the development of sufficient treatment services. In the past, public interest in child abuse has been heightened by media coverage of tragically sensational cases. In some respects this has been helpful because it has increased public pressure to improve programs. The materials we have developed, however, seek to go beyond sensationalism to help the public--and parents--better understand the human side of child abuse and neglect. They emphasize a sympathetic awareness of the responsibilities and stresses of parenthood and encourage parents to seek help on their own. These materials will be used in over 30 States in the next 18 months. (An informational brochure on these materials is attached at Appendix 6 .)

FEDERAL STANDARDS

The present Act requires the Secretary, with the assistance of the Advisory Board, to develop Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs. These Standards are not the basis for eligibility for Federal funds but rather are suggested good practice guides. Reflecting the best state-of-the-art knowledge, they are designed to help States, communities, public and private agencies, professionals, and private citizens to assess local program capabilities and to determine gaps in needed services.

A draft of these Standards has been widely distributed to State and local agencies as well as to individuals from professional disciplines actively involved in the field. Comments have been overwhelmingly favorable and supportive of the concepts and content of the Standards.

When the Standards are completed, we plan to develop a series of 30 monographs and manuals for use in their implementation.

INFORMATION DISSEMINATION AND CLEARINGHOUSE OF PROGRAMS AND RESEARCH

The Act requires that the National Center "develop and maintain an information Clearinghouse on all programs...showing promise of success, for the prevention, identification, and treatment of child abuse and neglect."

The National Center's Information Clearinghouse has collected information on over 2330 operating treatment programs and on over 2340 publications and audiovisual materials. The increased interest in child abuse and neglect is reflected by the 30 percent growth in the overall number of publications on child abuse and neglect, in the past 18 months alone.

All of these materials have been abstracted and placed in a computer with on-line capability -- thus giving an inquirer the capacity for almost instantaneous review and retrieval of information. Remote terminals now allow access to this data base from anywhere in the country.

The National Center disseminates the information it collects through highly targeted publications and in response to the over 1,000 inquires a month we receive. Since the Act's inception, over 500,000 individual publications have been printed and distributed. /A list of publications is attached at Appendix 7 ./

STATE GRANTS

State agencies play a key role in the direct delivery of services to families. Thus, the present law authorizes grants to eligible States to strengthen their prevention and treatment programs. These grants are used by States to fund the developmental or start-up costs of new or improved program components. As a result of the eligibility requirements and the state grants themselves, we have witnessed a major strengthening of the child protectiion system in 42 States and territories.

The small size of the average State grant belies their impact on State child protective systems. State grants have been used to improve administration and record keeping systems (19 States); develop in service training and procedures manuals (10 States); install 24 hour comprehensive emergency services (11 States); operate 24 hour Help-lines for parents (6 States); perform specialized diagnostic studies (5 States); and conduct public awareness campaigns (5 States). (State-by-State descriptions of these State grants are found in Appendix 8.)

To quality for this assistance, States must meet the Act's requirements for the fundamentals of an effective state-wide child protection system, including effective reporting procedures, comprehensive definitions of child abuse and neglect, prompt investigation and action on cases, confidentiality for families, immunity for those who report in good faith, improved court processes (including a guardian ad litem), cooperation among State and local agencies, and parental involvement. Most States have had to make significant changes in their legislative and administrative procedures in order to establish these essentials of an effective system. The two requirements which have presented the greatest difficulty for States are the comprehensive definition of child abuse and neglect and the required provision of a guardian ad litem in every judicial proceeding. Both of these generally require amendment of State law to achieve compliance.

Major progress has been made by States in upgrading their programs, as evidenced by the dramatic growth in the number of States which have become eligible each year. Only three States were eligible during FY 1974, the first year of funding. In Fiscal Year 1975, the number increased to 16. In Fiscal Year 1976, 29 States received grants. In Fiscal Year 1977, 42 States and territories were eligible or conditionally eligible for grants. To increase the number of eligible States, we are working closely with the remaining ineligible States.

Coordination Activities

In response to the requirement of the Act, the Secretary created an Advisory Board on Child Abuse and Neglect. Reflecting the relevance of many areas of human services to child abuse and neglect, the Board includes representatives from the Departments of Justice, Labor, Interior, Agriculture, Housing and Urban Development, and Defense as well as from HEW agencies.

In addition to developing the Federal Standards, the Advisory Board is responsible for the effective coordination of Federal child abuse and neglect [illegible] following have been accomplished:

- 1975 Report to the President and Congress on the Implementation of P.L. 93-247, the Child Abuse Prevention and Treatment Act.
- Issuance of Head Start Policy Guidance on Child Abuse and Neglect.*
- Issuance of Regulations on programs supported under Titles IV-A and IB-B of the Social Security Act.*
- Issuance of Regulations to establish a system of coordination and shared planning on Federal programs and activities related to child abuse and neglect.*
- Development of joint NIMH/LEAA/NCCAN funding of sexual abuse projects.
- Development of joint NIMH/YDB/NCCAN funding of adolescent abuse projects.
- Development and publication of policy for school reporting of child abuse and neglect within the constraints of the Family Education and Privacy Act.
- Development and upcoming publication of policy for drug treatment program service referrals to child protective agencies.

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*Found in Appendix 1.

The Board is now preparing a comprehensive report on the long-range plans and budget projections of Federal agencies; and on the results of past activities and contemplated future activities of Federal agencies. It also reviews on an interim and continuing basis planned activities of Federal agencies.

THE VIOLENT HOUSEHOLD: THE RELATIONSHIP BETWEEN CHILD ABUSE AND SPOUSE ABUSE

As part of this Committee's overall inquiry into domestic violence, I have been asked to discuss the relationship between child abuse and spouse abuse.

Let me begin on a personal note. As an attorney assigned to the New York City Family Court, my first child abuse case was one in which the father, in attempting to stab his wife, had injured the baby she held in her arms.

It is now apparent from the research we are doing and our treatment projects that the injury of spouses (predominately women) and the injury of children are somewhat overlapping syndromes. Indeed, we can now document, at least partially, their relationship. Of the validated cases of officially reported child abuse and neglect from 25 States analyzed by the American Humane Association, the child protective investigation revealed that the spouse was also assulted in almost 20 percent of the cases, though not necessarily in the same incident.

I should caution that this data should in no way be interpreted to indicate the incidence of spouse abuse nor should it be taken to establish a causal relationship between spouse abuse and child abuse.

Nevertheless, the data does suggest some issues needing further research. While males are the child abuse perpetrator in only 40% of all officially reported child abuse and neglect cases, males are 70% of the child abuse perpetrators in cases where there is also an incident of spouse abuse. In these cases it appears that the violence of the male is directed at all members of the family. (Many of our treatment demonstration projects report that children are often the accidental victims of intended spouse abuse or that a number of wives--as they are being attacked by their husbands--pick up their child as a shield from the attack.) Our data also indicates that in the other 30% of officially reported cases, in the same household in which the male is assaulting the mother, the mother is assaulting the children. We are not yet able to say whether or not the mother's abusive behavior is part of a chain reaction, as some researchers have suggested.

Although it will be difficult to say a great deal more about these families until our data become more refined, it does appear that, while cases in which there is spouse abuse as well as child abuse (or neglect) were demographically similar to the rest of the reported cases, they were given almost four times as many services. Thus, although these data are tentative, they do strongly suggest that there is a subgroup of child abuse cases in which there is an environment of family violence that can be identified and that these cases require an unusually high degree of services.

In any event, in part--but I should emphasize that only in part--we seem to have overlapping syndromes of child maltreatment and spouse abuse. (A copy of the AH data is attached as Appendix 9 .)

The child abuse field seems to be recognizing this relationship. For example, in September of 1977, the New Jersey Division of Youth and Family Services sponsored a conference entitled "Violence in the Family." Although the Division is the State's child protective agency, it broadened the focus of the conference to include wife (and husband) battering and rape, in addition to child abuse. Two themes ran through the Conference's presentations: first, that the dynamics of the various forms of abuse within families were inter-related; and, second, that the agencies providing services to such families must broaden their approach to look for patterns of intra-familial violence against both children and adults.

Similarly, as an unforeseen component of their family oriented services to abused and neglected children, all of the 20 NCCAN/Demonstration Treatment Centers provide some services which either directly or indirectly assist abused spouses. For example:

- Our San Diego project amended its intake policy eight months ago to accept referrals of spouse abuse in families with small children. It did so because staff had found that there was a significant incidence of children being hurt "accidentally" in situations when the spouse was the target of the assault. In addition, the project had discovered a clear pattern of childhood histories involving intra-familial violence in cases of spouse abuse, as well as battering. That is, they found that the perpetrator or the victim had experienced violence either as victims or as witnesses in his/her own childhood. I should mention that in taking family histories, the project found the same patterns in spouse cases that we find in classical battered child cases, that is: isolation, situational stress, childhood histories of abuse, and poor impulse control. It is the project's conclusion that, in many cases of family violence, the victim is the family member who happens to be available.

- Our Honolulu project has established an emergency shelter which is used exclusively to provide safe lodging to abused spouses and their children. A large percentage of the people served by this refuge are from military families. The objectives of the project are: (1) to provide parents with children a temporary safe respite, until the conflict between the parents can be resolved; (2) to assist families through periods of crisis with coordinated social services, and (3) to help women in their efforts to develop independent living situations or, when they desire it, to help women return to their husbands. In 1977, the project provided room and board and information and referral assistance to over 200 families. Families usually stay for a few days to as long as two weeks. During this time, the shelter provides assistance in obtaining medical services, food, clothing, financial assistance (if needed), and permanent shelter (if desired). Eligibility to enter the shelter is not restricted by income or marital status; any parent/child until involved in actual or potential abuse is welcome.

- Our project in Toppenish, Washington, operated by the Yakima Indian Nation, also provides emergency shelter to,abused spouses and works with families to reduce the incidence of abuse. Located in a large turn-of-the-century house, the project provides nursery/day care/ emergency shelter facilities 24 hour a day, seven days a week for tribal members who need help. Wives frequently bring their children in the middle of the night seeking temporary shelter while tempers were cooled and issues are resolved. Thus, the project has provided a haven from further family conflict, where the wife and children can be relieved of an atmosphere of fear and can be protected.

- Parents Anonymous, one of our project which I described earlier, reports that, in almost every one its over 750 chapters, there are mothers who are victims of spouse abuse. (Similar to our other treatment projects, Parents Anonymous reports that in some instances child abuse is a matter of physical proximity, that is, that the child receives the abuse that was intended for the spouse.) A number of chapters are attempting to deal with the special issues of spouse abuse by holding separate weeking meetings for battered spouses, in addition to regular chapter meetings. Many mothers in these groups are concerned about the traumatic effects on children of witnessing assaults and other abusive behavior between parents. They recognize that many children experience guilt for the spouse abuse, feeling somehow responsible for it. They also recognize that spouse abuse creates a bad role model for children; they sense that some boys develop patterns of violence toward females and that some girls develop an expectation of attack and exploitation by males, thus hurting their chances for healthy relations with members of the opposite sex in adult years. As a result of numerous requests, the national office of Parents Anonymous is now considering the development of specific self-help programs for the victims of spouse abuse.

- Our Philadelphia Project provides psychiatric counseling to abused spouses and integrates its efforts with the Women-In-Transition Center, a local program designed especially for abused spouses.

- Two Chicago projects coordinate community services such as legal aid to the abused spouse, couple counseling when appropriate, and emergency shelter (utilizing the Salvation Army) when needed.

- Moreover, a number of the NCCAN projects, although they do not have an inhouse capability to provide emergency shelter, arrange for families to be accepted by such shelters and often provide transportation to them.

NCCAN demonstration efforts are showing that successful prevention, identification and treatment of child abuse and neglect require that services must be available to all members of the family unit in need of help and protection. Besides emergency shelters for abused spouses which, like the provision of emergency protection for children, must be a first priority, all the NCCAN demonstration projects report that one of their most successful interventions in cases of both spouse abuse and child maltreatment is in the area of improved socialization. Some examples of the services provided in these situations are:

individual and adult counseling, couple/family counseling, group counseling/therapy, marital counseling, parent aid/lay therapy, parents anonymous participation, education services, homemaker services, transportation support, short-term foster care, medical services, day care, babysitting, and a whole range of legal and "advocacy" services for employment, housing, and other concrete needs.

But the mere fact that spouse abuse and child abuse seem to be somewhat related problems should not lead to the assumption that they necessarily should be treated together or in the same way. For example, in child abuse cases the victim need not seek protection on his or her own. And properly so. We have devised a system in which third parties, primarily concerned professionals and friends, can take child protective action. In cases of spouse abuse, however, it is the victim, usually the abused women, who must seek out help for herself--against many odds. (An annotated bibliography on child abuse/spouse abuse is found in Appendix 10.)

In an article soon to appear, Dr. Frank Schneiger, director of the NCCAN Region II Resource Project, has raised the following germane questions:

> If our intention is to shift in the direction of an approach based in family dynamics to deal with familial violence, there are some hard questions which should be addressed before moving hastily ahead. First, are the dynamics of child abuse, wife and husband beating, and rape interrelated in ways which lend themselves to a common form of intervention, whether extant or still on the horizon? The answer to this question will require a systematic examination of the research which has been done and, in all likelihood, the undertaking of a number of new studies. If the answer to the above question is "yes," then there will be a need to examine the implications of pursuing what will have become an important new policy direction.
>
> Most immediately, any movement toward a systematic family violence approach will confront us with a needs-resource problem. At present, questions of adequacy or effectiveness aside, there is a significant child protective network in this country. Having only recently attained visibility, spouse abuse and, to an even greater extent, violence among siblings, are problems to which there has been no substantial institutional response to date. Can we assume that new funding on a relatively large scale will be forthcoming? If not, we should probably begin asking who will see themselves as winners and who as losers, since it will become necessary to redistribute a limited pie. That redistribution will obviously be at the perceived expense of child abuse and neglect agencies, since they currently receive the bulk of the funding.

* * *

To move from political-organizational considerations to programmatic ones, we should ask whether the conceptual joining of these problems is likely to affect the nature of the approach to families in which violence occurs. This question relates to the similarities or dissimilarities between the dynamics of child abuse and neglect, and violence which occurs between adults. At a time when a concerted effort is underway to move away from a punitive approach to parents who maltreat their children, one must ask whether a similar emphasis on understanding and a helping attitude is being advocated (or is appropriate) towards those who beat their spouses. Is there a view that violence against spouses is essentially a police problem; if so, is it likely to affect the handling of child abuse and neglect cases? In particular, will it result in both an attitudinal and institutional retrogression to a reliance on punishment?

We need also to look at the potential benefits of a broadened approach. For example, it is quite possible that such an approach would not only benefit the attempts to deal more effectively with adult abuse, but would also shed some light on the efficacy of the interventions which are currently used in child abuse and neglect cases.

* * *

Finally, the search for linkages is unlikely to end with a discussion of the intrafamilial dynamics of violence. It will almost certainly be extended to a systematic examination of the social causation of all forms of family violence. For example, what role do joblessness and underemployment play in the physical abuse of family members? This expanded view will almost certainly bring us closer to a real test of the national commitment to address basic social problems affecting families.

Ultimately, then, we must develop an approach to the prevention of domestic violence which lowers the level of violence and agression against all family members before family life deteriorates to unremediable breakdown beyond the reach of any number of social agencies. But in the meantime, we need to address the immediate needs of battered spouses. Unfortunately, in many communities, the unresponsiveness of community human service agencies toward the victims of spousal battering seems to be as great as it used to be toward the victim of child abuse. Hence, a first priority toward the goal of aiding battered spouses must be to develop public awareness and support for their protection by convincing the public that spouse abuse is a critical problem. A second priority must be the development of protective measures, especially shelters. But in the long run, any effort to deal with spouse abuse, like efforts to deal with child abuse, must entail a comprehensive approach to all of the pressing needs of its victims. These needs include the need for legal protection, permanent safe shelter, emotional and financial support, and concrete help ("advocacy") in seeking housing, employment, and, when necessary, a new life.

CONCLUSION

The National Center on Child Abuse and Neglect is a relatively small program and it should not be expected to "cure" this deep seated social problem.

We do not believe that any federal program can eradicate this complex, anti-social behavior--any more than one can eradicate drug abuse or juvenile delinquency. We do believe, however, that much more could be done to prevent and treat child maltreatment. And we believe that the National Center has an important role to play in helping to reduce the amount of child abuse and neglect in the Nation. But in terms of both staff size and financial resources, NCCAN has limited ability to reach this goal solely through its own efforts.

NCCAN's efforts, therefore, are supportive--we seek to help improve the efforts of others. We seek to act as a focus and a stimulus to improve and expand the efforts of others--at the national, state, and local level--to prevent, identify, and treat child abuse and neglect. We seek to provide direction and impetus in a field which, in the past, has been characterized by a fragmentation of resources, services, and philosphies among various professional disciplines.

(1) We help build knowledge about child abuse and neglect--its nature, extent, and effects--in order to determine unmet needs, identify promising approaches and facilitate service allocations;

(2) We help develop and refine promising and cost effective approaches to protection, treatment and prevention; and

(3) We help service providers implement or expand effective identification, treatment, and preventive programs.

Central to our efforts is a commitment to non-punitive, interdisciplinary and community-wide approaches. Because we are convinced that child abuse and child neglect are social and psychological problems with roots deep in the way we live and in the way our society is organized, we emphasize services focused on the entire family in recognition of the interdependent needs of children and parents.

Building on the experience of our treatment center demonstrations, we emphasize the crosscutting, multiagency approach to the delivery of treatment services. Because many agencies, in addition to the child protective agency, deliver vital treatment services, we believe it is important to pursue activities which will improve significantly the informal as well as formal delivery systems which provide services to endangered and families. Hence, we seek ways in which programs currently in place can be used to provide greater outreach, increased accessibility and improved service delivery. We try as much as possible to use our limited resources to build on existing or on-going activities or to leverage, through coordination with larger resources, such as Title XX, as authorized by the Social Security Act, and the many legislative and budgetary proposals made by this Administration to benefit the health, welfare and education of children. One way we do this is by funding demonstration projects with modest budgets that are more readily institutionalized into on-going service programs than are projects with large budgets.

We believe the Act has enabled us to make significant progress. In the last four years, we have not come up with any easy answers, no fool-proof formula; but we have, together with thousands of hard-working, hard-thinking and committed individuals, made an important start.

We have helped focus attention on gaps in existing knowledge and service delivery. We have helped to increase the body of knowledge about the dynamics and treatment of child abuse and neglect. We have helped service providers apply that knowledge. And we have helped elicit community support for the development of constructive, rather than punitive, treatment services.

After being ignored for so long, the plight of abused and neglected children has become the subject of widespread professional and public concern. The "battered child" has moved from the back pages of professional journals to the front pages of mass circulation newspapers. Daily, there are additional news articles, television and radio programs, and community meetings, not to mention professional conferences, on the subject. More and more people want to do "something" about child maltreatment.

As a result, there has been major progress in our ability to protect abused and neglected children and to assist their families.

In many places, health, social service, education and law enforcement agencies or individual professionals now seeing themselves as jointly, not separately, responsible for protecting children and, wherever possible, preserving and strengthening their families. New resources have been identified, useful family support systems have been tried, and some simplistic definitions and solutions have been discarded. Statistics, definitions, and procedures are being standardized and upgraded. More concretely, the quality of child abuse and neglect services provided by the States has been greatly improved. The rapid rise in the number of States which become eligible for State grants has guaranteed that at least 42 States now provide a guardian ad litem for all children involved in child protective court cases; 42 States assure the confidentiality of case records; 42 States promptly investigate cases of neglect as well as abuse; and 42 States provide for the outside, impartial investigation of allegations of institutional abuse and neglect. The number of public and private programs working with abused and neglected children and with their parents has increased substantially. About 40% of the existing treatment programs in the country have opened their doors since 1973. (These are almost equally divided between public and private agencies.) NCCAN demonstration and state grant projects, themselves, annually provide direct services to over 40,000 children and 20,000 families.

I believe that we in the United States are laying the foundation for a broadly responsible and honestly realistic approach to the diverse needs of the children in danger and families in trouble.

But I would mislead you if I ended on this singularly positive note. The present flurry of activity in the United States--of which the activities supported by the National Center are only a part--should not make us smugly complacent. We still face enormous gaps between what needs to be done to protect children and what can be done.

For far too many endangered children, the existing child protection system is inadequate to the life-saving tasks assigned to it. Too many children and families are processed through the system with a paper promise to help. Martin P. went through the system. He was being "helped."

At two months of age, Martin P. was brought to the hospital with a broken tibia, an injury that is unlikely if not impossible to happen accidentally in a child of that age. His father said he had fallen off a bed. No child abuse report was made.

Five months later, he suffered a fractured skull. This time the father claimed that he had accidentally dropped him. But this time the hospital reported the case to the child protective service.

A case of child abuse was brought in the juvenile court based upon these two injuries. The treating doctor testified that it was impossible for the child to have received the first injury in the way the father claimed. A judicial finding of child neglect was made. The child protective agency recommended placement for Martin on the grounds that his home was at least temporarily unsafe. The judge decided, however, that it was in the child's best interests to remain at home and he ordered home supervision by the court's probation service. He also issued an order of protection directing that the father was not to be left alone with the child.

When the protective caseworker made a home visit as ordered by the judge, he found the father alone with his son, contrary to the court's order. But because they were playing happily on the floor, he concluded from this brief display that all was well. He noticed but was not concerned by a substantial swelling on Martin's skull.

Two weeks later Martin was dead from repeated head beating inflicted by his father.

* * *

We cannot let the illusion of help mislead and mollify the public.

In implementing the Congressional mandate to help improve State and local services for abused and neglected children and their families, we have identified the following program priorities which are reflected in the National Center's proposed FY 1978 research and demonstration priorities published in the Federal Register on January 23, 1978. (A copy of which is attached at Appendix II.)

- We need to upgrade reporting practices, child protection agencies, and courts to ensure the immediate protection of all endangered children.
- We need to develop cost effective treatment approaches capable of breaking the cycle of abuse and neglect.
- We need to protect individual and family rights to privacy and cultural diversity during the process of involuntary protective intervention.
- We need to commit ourselves to a prevention program that seeks to strengthen family-life in America.

- We need to recognize and combat child abuse and neglect in residential care-giving institutions.
- We need to work continuously to coordinate public and private programs related to child abuse and neglect to maximize their impact and minimize the duplication of efforts.
- We need to build basic knowledge about child abuse and neglect and ensure that service providers can apply the best state-of-the-art knowledge to improve their programs.

We are witnessing the beginning--but only the beginning--of what must be a sustained national effort to understand the origins of child maltreatment and help alleviate them. The recognition, reporting, investigation, treatment, and prevention of child abuse and neglect must be accorded a priority in our human services system which it does now not receive

* * *

This concludes my statement. I shall be glad to answer any questions you may have.

STATEMENT OF DOUGLAS J. BESHAROV, DIRECTOR, NATIONAL CENTER FOR CHILD ABUSE AND NEGLECT, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE; ACCOMPANIED BY KEE MacFARLANE, PROGRAM SPECIALIST

Mr. BESHAROV. It's a great pleasure to be here today, as a former New Yorker myself.

My testimony is basically in two parts. One part is about what the National Center is doing and the other is some discussion of our recent activities in relation to the overall question of domestic violence, the relationship of child abuse to spouse abuse.

If I may, I'll just spend a few moments describing the National Center, because I think it will put in perspective some of the things we are doing about domestic violence as a whole.

The National Center was established in 1974 as a result of Public Law 93-247, which is commonly called the Mondale bill.

Mr. SCHEUER. We're way behind schedule this morning, Mr. Besharov. We, frankly, are quite familiar with the Center. If you would kindly use your time enlightening us on this whole question of household violence it would be very much appreciated.

Mr. BESHAROV. Fine.

I think the most striking thing for us is the fact that, while we had not identified the question of spousal violence as a priority in our research projects and our treatment projects, it arose in their day-to-day operations. They found that they had to deal with the overall issue of domestic violence, almost at their inception. We found, for example, that our treatment project in San Diego, which is located in the YMCA and designed to deal with the battering of children, very early on changed its intake policy to include cases of spousal violence because when they dealt with cases of spousal violence they found cases of child abuse at the same time.

A number of our other treatment projects, including those serving special populations on Indian reservations and serving military families on military reservations, also found that to deal with child abuse for some families they had to deal with spousal violence as well. Although we did not ask them to, the project personnel came to us and said, "Let us open an emergency shelter for child and wife." For our projects, it's largely the wife who is battered. I can't address the other research. It's beyond our scope.

As part of our research efforts we've documented at least somewhat this relationship between spousal violence and child abuse.

Mr. SCHEUER. Would you go so far as to say where you find an example of child abuse that that is sort presumptive evidence that there is spouse abuse going on too?

Mr. BESHARVO. No, I wouldn't, sir.

I would say, though, that when you find child abuse you certainly should look for patterns of violence against other members of the household.

The study that I want to describe is one of official reports of child abuses. These are official validated reports. In that study, which is a full census study, which means it's not a random sample of those cases, we found that one in five cases, 20 percent, of validated child abuse had a documented case of an actual physical attack on a spouse.

This was not an esoteric research finding; these were the findings of caseworkers visiting homes to protect the children.

We don't know whether 20 percent of the caseload of child abuse is sufficient to be considered a presumption. It certainly is a very strong indication, from the data we have at least, that there are a set of households in America in which the victims of violence go beyond the children, and include the women.

Mr. SCHEUER. Ms. MacFarlane, would you like to add something?

Ms. MACFARLANE. The thing that strikes me, I think, is more on a personal level. I'm a social worker, and in 1970–71 I got involved in starting a project at the Legal Aid Bureau in Baltimore that developed into a battered spouse project, although we didn't know it at the time. We couldn't find any other place in the country which was dealing with the problem.

Mr. SCHEUER. Would you suspend for just a moment, Ms. MacFarlane?

Congresswoman Lindy Boggs is joining us. She's a coauthor, along with Congressman Newton Steers, of H.R. 7927, the Domestic Violence Prevention and Treatment Act of 1978.

We're delighted to have you here, Congresswoman Boggs. We'd like very much for you to make a statement, and if you would, it will be placed at the opening of this morning's session. Due to seniority, charm, loveliness, and high intelligence, we would very much like you to take that place.

So if you would make any comments now that you care to make about your legislation or about the problem we're addressing, as I say, these remarks will appear first thing after the opening gavel.

Mr. SCHEUER. Mr. MacFarlane, we wish to apologize for the suspension. Please commence your remarks in any way that you see fit.

Ms. MACFARLANE. I really have only one observation to make, and it comes as I said, from my experience in a program that primarily helped battered women find places to go for help and provided legal aid to assist them in getting legal separations and protection.

At that time I kept saying to people: "There are so many women in this town getting beaten up," but it seemed to be a nonissue to most of the people with whom I talked. It was very hard to convince a lot of the professional agencies that it was really a problem.

Since that time I have worked primarily in the area of child abuse and now, I find myself in the National Center for Child Abuse. I feel that I've come full circle, as the issue of battered women has now begun to receive so much attention.

The thing that strikes me most strongly is how similar the kinds of family problems are that trap people; trap women and children in violent home situations which they have a great deal of difficulty getting out of on their own.

Mr. SCHEUER. And this crosses every economic, cultural, racial, religious, and ethnic barrier.

Ms. MACFARLANE. Absolutely. It appears to be occurring at all stratas of society, however, I believe that family problems are compounded when economic stresses are added. I really do.

Mr. SCHEUER. Middle-income families and upper middle income families are by no means immune to these stresses.

Ms. MacFarlane. That is correct, I think that the response to services depends upon where you set up your services. You will get the same kind of response in some middle class and wealthy communities when you set up a resource center there, as opposed to the inner city.

Mr. Scheuer. You mentioned that the Federal Government is insensitive to the needs of these people for help. Do you find that the local governments, the police, and the social service agencies are sensitive to their need for help?

Ms. MacFarlane. I think it's a matter of personal contact and continuing education, and I think it depends upon what people's experiences are with a problem. I believe that it's the Federal Government in many ways that's making it possible for the professionals in those communities to become aware of the problems of child abuse and family violence.

Five years ago it was difficult to convince people that child abuse really was a big problem. I think we're going through the same kind of phase right now with spousal battering.

I think the next phase is to educate people, not just to the problem of violence, but to the kinds of problems that lead to violence; the kind of family islotion, the feelings of helplessness and low self-esteem that a lot of women and many families experience; the ways that people can get trapped—inside of big cities, they can be totally alone—and how difficult it is for people to reach out for help even when it's there.

That's really all I had to say.

Mr. Scheuer. You've said a lot, and you've said it in a very compelling and open way.

Ms. MacFarlane. I would add that I'm not sure that the people who beat up women and the people who are violent toward children are the same. I don't think we know enough about it.

Mr. Scheuer. Would you say that again?

Ms. MacFarlane. All right. People ask us at the National Center whether the perpretrators of violence against women and violence against children are the same people, whether they have the same profiles, whether their actions can be predicted, et cetera. I don't think that we know enough about these issues.

But I do feel that a lot of the problems that they experience in their daily lives, and a lot of the stresses are the same. These social, psychological and economic stresses may just come out as different symptoms.

Mr. Scheuer. Plus a good many of the victims of spousal attacks are themselves child abusers.

Ms. MacFarlane. This is true.

Mr. Scheuer. You've been very eloquent, and we appreciate your testimony very much.

Mr. Steers. Could I ask a question of Mr. Besharov?

Mr. Scheuer. Yes, of course.

Mr. Steers. I notice that you're the Director of the National Center for Child Abuse and Neglect, and I gather that's either part of the Children's Bureau, or maybe it's the only section in the Children's Bureau. But that, in turn, is part of the Administration for Children, Youth, and Families.

I'm asking you really the same question that I asked Dr. Shah. You heard Mrs. Boggs describe the bill which she and I coauthored, and what I am wondering is whether you have an opinion as to where the activity called for in the bill should repose in the organizational hierarchy.

Mr. BESHAROV. Sir, I think that's a very complex question, and its resolution depends on the way in which people want that activity performed. If the activity should emphasize a research approach and a basic treatment approach, using the professional, then that's an argument in favor of a place like NIMH. If the activity envisioned is more social service related and more community buildings, then probably a different place would be more appropriate.

Mr. STEERS. Where?

Mr. BESHAROV. I think that the two options that are being considered are ACTION and the Administration for Children, Youth, and Families.

Mr. STEERS. That's right. Which do you think is the more appropriate?

Mr. BESHAROV. Again, I don't know enough about ACTION to say.

Mr. STEERS. Let me ask you a related question then.

This term, Administration for Children, Youth, and Families, assumes that there is a connection between youth problems and other family problems. On the other hand, your Center, at least in its title, does not reflect the problem of spousal abuse, although both you and the lady with you have indicated that there is a connection of unknown dimensions.

I'm wondering whether your Center would feel it would have to have its mission redefined in order to permit it to get into spousal abuses?

Mr. BESHAROV. As my testimony indicates, when there is an incident of spouse abuse with child abuse we feel that our legislative mission requires us to be involved in it.

However, there are so many cases in which there are spouse abuse and maybe there are no children or the children are not involved that that would really be beyond our present legislative mandate.

Mr. STEERS. Thank you.

Mr. SCHEUER. Thank you both. We appreciate your coming here.

Now we will hear from Dr. Murray Straus of the department of sociology at the University of New Hampshire.

Dr. Straus, your testimony, as in the case of all the other witnesses, will be printed in full at this point in the record. So perhaps you'd just like to chat with us. I'm sure we'll have some questions for you.

Dr. STRAUS. Yes.

[The prepared statement of Dr. Murray A Straus is as follows:]

([illegible])

Prepared for hearings on "Research Into Domestic Violence," U.S. House of Representatives subcommittee on Domestic and International Scientific Planning, Analysis and Cooperation.

14 February 1978
V20

NATIONAL SURVEY OF DOMESTIC VIOLENCE: SOME PRELIMINARY FINDINGS AND IMPLICATIONS FOR FUTURE RESEARCH

Murray A. Straus
University of New Hampshire

My testimony will cover five topics. First, I will briefly summarize the methods used to carry out the first, and to date the only, study of violence in a nationally representative sample of American families. Second, I will give some of the data on violence rates from that study. Third, I will describe some of the cause and effect issues which we are investigating with this data. Fourth I will put this study in the context of the Family Violence Research Program at the University of New Hampshire in order to suggest certain implications for federal support of social science research. Finally, I will mention what I see as the most important needed development in research on intrafamily violence.

I. THE NATIONAL VIOLENCE SURVEY

During the period 1970 to 1974, my colleagues Richard Gelles and Suzanne Steinmetz and I carried out a number of exploratory studies of violence in the family, and also developed a theoretical framework which we found useful in designing research and understanding the resulting data. In the spring of 1974 we decided that the time had come to go beyond the limited studies which had been found useful up to that point. We therefore began to design a study of a truly representative sample of American families, and a study which would cover many aspects of violence in the family, not just one aspect, such as child abuse or wife abuse.

Definition and Measurement of Violence. For the purposes of that study, violence was defined as "an act carried out with the intention of, or perceived intention of, causing physical pain or injury to another person" (Gelles and Straus, 1975). The "physical hurt" can range from slight pain, as in a slap, to murder. The basis for the "intent to hurt" may range from a concern for a child's safety (as when a child is spanked for going into the street) to hostility so intense that the death of the other is desired.

The "Conflict Tactics Scales" (Straus, 1978) was used to obtain the violence data. This technique was first developed at the University of New Hampshire in 1971 and has been used and modified extensively since then in numerous studies of family violence (see for example: Allen and Straus, 1975; Bulcroft and Straus, 1975; Steinmetz, 1977; Straus, 1974). The Conflict Tactics Scales (CTS) measure the means used to resolve conflicts of interest (Straus, 1978). There are three groups of conflict tactic items: (1) Reasoning: the use of rational discussion and argument; (2) Verbal Aggression: the use of verbal and symbolic expressions of hostility--such as insults or threats to hurt the other; and, (3) Violence: the use of physical force as a means of resolving the conflict. The Violence scale contains the following 8 items:

K. Throwing things at the spouse
L. Pushing, shoving or grabbing
M. Slapping
N. Kicking, biting, or hitting with the fist
O. Hit or tried to hit with something
P. Beat up
Q. Threatened with a knife or gun
R. Used a knife or gun

The administration of the CTS involves asking the respondents what they did when they had a disagreement with their spouse. The list of possible actions start with those low in coerciveness (such as discussing the issue with the husband or wife). The items gradually become more coercive and physically violent, ending with whether the respondent had ever used a knife or a gun on his or her spouse. This sequence enhances the likelihood that the subject will become committed to the interview and continue answering the questions. Analysis of the responses to the items indicates that there was no noticeable drop in the completion rate of items as the list moved from the Reasoning scale questions to the most violent tactics. Data on validity and reliability are given in Straus, 1978.

Sample and Interviewing. Since we wanted to include in the study families from all parts of the continental United States, we contracted with Response Analysis Corporation of Princeton, New Jersey to do the sample selection and interviewing. They employed what is known as an area probability sample, which is a system that comes about as close to the ideal of true random sampling as is practical. Working with them, we refined the interview format and developed the instructions for the interviewers.

Eligible families consisted of a couple who identified themselves as married or being a "couple" (man and woman living together as a conjugal unit). A random procedure was used so that the respondents would be approximately half male and half female. The final national probability sample produced 2,143 completed interviews. Comparison with census data shows that this sample is representative in terms of major demographic attributes of American families.

The interviews were conducted between January and April, 1976. They averaged approximately 60 minutes and were designed to measure both the extent of family violence and some of the factors thought to be associated with violence between family members.

II. VIOLENCE RATES IN AMERICAN FAMILIES

The results of the survey show that the amount of violence between members of the same family is extremely high: so high that we can only conclude that physical violence occurs between family members more often than it occurs between any other individuals or in any other setting except for wars and riots. Police statistics on assault are given in rates per hundred thousand. But our data on assault within the family have to be reported in rates per hundred rather than per hundred thousand.

Husband-Wife Violence

The data on husband-wife violence shows that slightly over one out of six couples--an estimated seven and a half million couples--had a violent episode during the survey year. Taking the entire duration of the marriage, the figure is over one quarter of all American couples (28 percent), or about 13 million couples. By a "violent episode" the we mean any act intended to cause physical pain or injury to the husband or wife, ranging from slapping to beating up.

How accurate is the figure of 28%? It is difficult to know with certainty. The data are estimates based on a sample rather than on the whole population; but the sample was large and chosen by the best available methods. According to our calculations, there is a 95% chance that, if the entire U.S. population had been interviewed, the number of husbands and wives admitting to using physical force on one another would fall between 26 and 30 percent. However, that assumes that there was no underreporting, which is unlikely. So the figures could easily be twice as large as those revealed by the survey: i.e., somewhere around 50 or 60 percent of all couples have hit each other at least once.

The most extreme forms of husband-wife violence on which we gathered data were the use of a knife or gun and "beating up" one's husband or wife. About one out of every 100 husbands and wives had gone beyond slapping, kicking, or throwing things at a spouse and said that they had been beaten up or had beaten up their spouse in the previous year. About five percent had been involved in such a beating at some point in the marriage.

Even more startling is the fact that almost four percent had gone so far as to have actually used a knife or gun in attacking their husband or wife. This means that of the 47 million couples living together in the United States, about 1,739,000 had at some time faced a husband or wife wielding a knife or gun, and well over two million had been beaten up by their spouse.

Wife-Beating. We regard the plight of women who are beaten by their husband or boyfriend as one of the aspects of family violence which most urgently needs remedial action (the other is child abuse). We therefore developed a Wife-Beating Index as a means of investigating this particular problem. The Wife-Beating Index consists of items N through R in the list of CTS questions given above.

The choice of acts N through R as the Wife-Beating Index does not reflect our conception of what is permissible violence. I find none of these to be acceptable for relationships between any human beings, including parent and child, brother and sister, husband and wife, student and teacher, minister and parishioner, or colleagues in a department. In short, I follow the maxim coined by John Valusek: "People are not for hitting."

What then is the basis for selecting items N through R to make up the Wife-Beating Index ? It is simply the fact that these are all acts which carry with them a high risk of serious physical injury to the victim. With these considerations in mind, we can turn to the question of trying to estimate the extent of wife-beating in the United States.

Yearly Incidence. The data on the 2,143 couples in our sample show that, for the twelve month period preceding the interview, 3.8% reported one or more physical attacks which fall under our operational definition of wife-beating. Applying this incidence rate to the approximately 47 million couples in the USA, means that in any one year, approximately 1.8 million wives are beaten by their husbands.

Yearly Frequency. Among those couples in which a beating occurred, it was typically not an isolated instance, as can be seen from the "Median Frequency" columns of Table 1. This shows that the typical frequency of violence

Table 1. Violence Rates per Hundred Marriages, 1975

CRT Violence Item	Incidence Rate For Violence by:		Median Frequency*	
	H	W	H	W
Wife-Beating and Husband-Beating (N to R)	3.8	4.6	2.4	3.0
Overall Violence Index (K to R)	12.1	11.6	2.5	3.0
K. Threw something at spouse	2.8	5.2	2.2	2.0
L. Pushed, grabbed, shoved spouse	10.7	8.3	2.0	2.1
M. Slapped spouse	5.1	4.6	1.6	1.9
N. Kicked, bit, or hit with fist	2.4	3.1	1.9	2.3
O. Hit or tried to hit with something	2.2	3.0	2.0	3.8
P. Beat up spouse	1.1	0.6	1.7	1.4
Q. Threatened with a knife or gun	0.4	0.6	1.8	2.0
R. Used a knife or gun	0.3	0.2	1.5	1.5

*For those who engaged in each act, i.e., omits those with scores of zero in the violent families is 2.4, i.e., the typical pattern is over two serious assaults per year. But of course there is great variation. For about a third of the couples who reported an act which falls in our wife-beating category, it occurred only once during the year. At the other extreme, there were cases in which this occurred once a week or more often. In between are about 19% who reported two beatings during the year, 16% who reported 3 or 4 beatings, and a third of these 1.8 million who reported five or more during the year.

(Table 1 about here)

Parental Violence

The data on parent-child violence suggest that "ordinary" physical punishment and "child abuse" are two ends of a single continuum. In between are millions of parents whose use of physical force on a child goes beyond mild physical punishment but which, for various reasons, has not been identified as child abuse. Our data are based on the 1,142 couples surveyed who had at least one child aged 3 to 17 living at home. Each such parent was questioned about one of his or her children.

Some of the study findings confirm what was already widely believed to be the case, such as the fact that over 80% of parents of young children (age 3 to 9) used physical punishment in the survey year. But other findings reveal that violence toward children often involves acts which go well beyond "ordinary" physical punishment, and that violence toward children is an extensive and regular pattern in many families. It is also a pattern which applies to older as well as young children. In fact, the survey shows that over a third of all American children in the 15 to 17 year age bracket had been hit by their parents during the survey year.

We feel that the study reveals a truly astounding range and severity of violence toward children by their parents. For example, 20% had hit the child with some object, and 4.2% indicated they had "beaten up" the child. Even more astounding, is the fact that 2.8% of the parents reported having threatened the child with a knife or gun and 2.9% actually used a knife or gun on the child in question. Applying this rate to the population of children aged 3 to 17, this comes to a total of about 1,200,000 children in this age group whose parents had at some time in their life attacked them with a lethal weapon.

Child Abuse. We also combined the types of violent acts which are most likely to lead to serious physical injury for the child to produce a Child Abuse Index. These acts include kicking, biting, hitting with a fist, hitting with something, beating up the child, threatening the child with a knife or gun, and actually using a knife or gun. Using this index we found that 3.6% of the parents interviewed admitted at least one of these violent acts toward the child in the previous twelve months. This suggests that each year well over one and a half million American children in the ages 3 to 17 experience an attack by their parents which could cause severe bodily harm or death.

Violence Between Brothers and Sisters

The analysis of violence between the children in the 1,244 families with children aged 3 to 17 living at home reveals that three out of four had engaged in an act of physical violence against a brother or sister in the survey year, with an average of 21 such acts per child in the year. The various kinds of violent acts included in the study range from pushing and shoving (done by 60% during the survey year), to slappinbg a brother or sister (done by 45% during the survey year), throwing things at another child in the family (39%), kicking, biting, or hitting with a fist (38%), hitting with an object (36%), "beating up" another child in the family (14%), threatening to use a knife or gun (.8%), and actually using a knife or gun (.3%).

Although the three tenths of one percent using a knife or gun on a brother or sister may not seem like much, when one applies this rate to the 46 million children in the United States between 3 and 17 (the ages covered in the survey), it comes to 138,000 children who had actually used a knife or gun in the survey year. The number of children who have ever engaged in violent acts against siblings is even larger. The survey results indicate that 18% had at some time beaten up a brother or sister--with "beaten up" defined as something more than just a punch or hitting with an object--and 5% had at some time actually used a knife or gun. The latter figure means that about 2,300,000 children in the United States at some time used a knife or gun on a brother or sister.

III. WHAT LEADS TO VIOLENCE IN THE FAMILY?

Everyone has their pet theory about what causes violence, but there is little really good data. For example, many people think that better educated people are less violent, but our preliminary analysis shows that there is just as much violence in the families of the college-educated as there is among those with less education. On the other hand, although there is lots of violence in middle class families, the rates are even higher among families in which the husband is a manual worker.

Examples of other questions which we hope to answer with this data include the following: Is there any correlation between people's beliefs and values about violence and how violent they actually are? Is the amount of violence that husbands and wives use towards each other related to how violent they are toward their children and how violent the children are to each other? Does "letting off steam" verbally help to avoid physical violence, or does it warm people up for physically violent conflict? Is social and economic stress related to how violent people are towards others members of their family?

These and other similar questions will be addressed in a book on "Violence In The American Family" which we plan to complete this spring.

IV. THE FAMILY VIOLENCE RESEARCH PROGRAM AND THE STRUCTURE OF FEDERAL SUPPORT FOR SCIENCE

The national study of family violence which I have just described, and the Family Violence Research Program from which it grew, also suggest something about the nature of federal support for social science research. I am not referring to the amount of money provided by the federal government. As a working scientist, I am clearly biased toward thinking that much more is needed, but that that is not what I want to deal with now. Rather, I will focus on the method of allocating whatever research funds are available.

Investigator-Initiated Grants. As I mentioned before, the national study of family violence is an outgrowth of the Family Violence Research Program at the University of New Hampshire. That program began in a small way in 1970. It has been supported by funds from the University of New Hampshire, and from the National Institute of Mental Health. Neither organization started out supporting a program of research on domestic violence, nor at first did I know that such a program was evolving. Instead, the funds were for our graudate research and training effort in general (by means of a training grant) and for specific investigations (by means of research grants), some of which happened to deal with domestic violence.

In 1970, except for the growing recognition of child-abuse, no one was thinking about research on domestic violence. Wife-beating was a subject for jokes, not for serious research. To the extent that either child abuse or wife abuse were studied, it was an indication of psychopathology. The idea of the family as a violent group in which a high rate of violence is the usual state of affairs, was not yet born. It was something which gradually emerged from our efforts to make theoretical sense of the data.

The present orientation of the Family Violence Research Program (see the appendix to this testimony) began to crystalize about 1974. Some of the key publications which reflected and developed that orientation were Richard Gelles' landmark paper on "Child Abuse as Psychopathology: A Sociological Critique and Reformulation," and his study of husband-wife violence reported in THE VIOLENT HOME; the book which Suzanne Steinmetz and I edited on VIOLENCE IN THE FAMILY; and my paper on "Leveling, Civility, and Violence in the Family." These and other publications pointed to the fact that violent family members are no more likely to be mentally ill than other persons, that violence is typical of family relationships--even required under some circumstances, and that violence in one family role or situation must be understood in the context of the level of violence in other spheres of family life and of the society.

These ideas have informed and guided most of our research and have also influenced many other investigators. I mention them and something of their historical development because the gradual emergence of the Family Violence Research Program is an example of how a new line of investigation was made possible by the system of investigator-initiated and peer reviewed research grants. If federal research funds had only been available under contracts or some other "targeted" systems of funding, there would have been no Family Violence Research Program because such a "target" did not exist. Therefore, although I obviously favor increasing support for research on violence in the family, I also want to urge that the funding mechanism be primarily through grants rather than contracts, and through peer reviewed competition rather than through administrative decisions.

Institutional Support. A second aspect of the national violence study which bears on the structure of federal support for science is the fact that it reflects the contributions of a number of people, not just three of us who are the specific investigators. The study is an outgrowth of the Family Violence Research Program and that program owes a large part of whatever contribution it has made or will make to the fact that sixteen different people have had a major input (defined as having authored or co-authored at least one published paper or paper in press). In addition about another sixteen have contributed less directly (for example colleagues who have discussed issues and offered invaluable criticism of papers, and students in the seminar on family violence). The general point I wish to make is importance institutional support, such as that provided by NIH "training grants" and block grants to universities such as those under the "Biomedical Research Support" and "Biomedical Research Development" grants.

Private Survey Organizations. The final aspect of our study which bears on federal science policy is the collaboration with Response Analysis Corporation of Princeton, New Jersey. Response Analysis did the sample selection and interviewing for this survey, both of which are difficult technical feats. They helped us to further refine and adapt to mass survey situations the techniques for obtaining the data on violence which we had developed and refined during the previous four years. They also brought to the research knowledge and operational capabilities which we completely lacked. The study would not have been possible without the contribution of an organization such as Response Analysis, having the capability of carrying out difficult interviewing tasks on a nation-wide basis, using scientifically valid techniques for selecting the sample, and stringent managerial controls to insure the quality of the interviewing. Our work with them is an example of the way university and private research organizations can cooperate to produce a work than neither could have carried out without the other. Organizations such as Response Analysis are a vital part of our capabilities for social science research and need to be considered in the formulation of science policy.

V. RESEARCH NEEDS

Until recently family violence has been the victim of "selective inattention" on the part of both the general public and the research community. Thus, almost any aspect needs investigation. Even those few aspects which have been studied remain in doubt because of the inevitable limitations of any one investigation, especially since this is a new field of research which lacks a background of well-proven methods and theoretical approaches to the problem. For example, earlier in this paper I provided statistics on the frequency of wife-beating based on the first large and representative sample of couples. But it will be recalled that a number of limitations to that data had to be pointed out. One of the most important of those limitations is that, despite the astoundingly high rates of wife-beating uncovered in the survey, these are likely to be underestimates. I suggested that the true rates are actually double those which are reported in this paper. So even the most elementary facts about the incidence of wife-beating are far from established.

On the other hand, important as it is to establish just how much wife-beating there is in the United States, it is even more important to answer questions about the causes of violence in the family. This is not just a matter of scientific curiosity. Knowledge of the causes of family violence obviously influences (or should influence) steps to prevent it. If wife-beaters are thought to be mentally ill, then psychotherapy is clearly needed. If husbands hit their wives because of the excessive strains which a modern society puts on the nuclear family, then some reorganization of the family system or some change in how the families relate to the rest of the society is needed. If one of the factors leading to wife-beating is society's expectation that families be headed by husbands, with the husband as the main source of income, then changes in sex-linked obligations and expectations are needed. The list could go on and on. Indeed it must go on and on because these and many other similar questions need to be answered to provide a scientific underpinning for attempts to deal with the problem of wife-beating.

Instead listing and describing specific research issues, I will use the limited time available to describe two important general considerations. One is a theoretical perspective, and the other is a methodological perspective.

Violence as a System of Social Relations. I suggest that an understanding of any particular aspect of violence, such as wife-beating is not likely to be achieved unless it is studied within a framework which views family violence as a whole, and which views family violence as one aspect of violence as a system of social relations characterizing the society in general.

The significance of focusing on the interrelation of violence in one family role with violence in other family roles, and with violence and other characteristics of American society, is more than a matter of covering a wider range of topics (i.e., both child abuse and wife abuse). Much more important is the theoretical stance which guides what will be investigated when dealing with any one aspect of violence: the assumption that violence in any one family role or situation must be understood in the context of the level of violence in other spheres of family life. For example, our data show that wife-beating is correlated with other family violence, including physical punishment. A realistic understanding of each depends on knowing their interrelation and the reasons for the relationships. Equal emphasis therefore needs to be placed on studying such things as physical punishment, the level of violence portrayed in stories written for children, and the extent to which physical punishment, "ordinary" marital fights, and wife-beating are influenced by historical circumstances, by social norms and values, by the life circumstances in which parents find themselves, etc. In short, research focused exclusively on wife-beating or child abuse is too narrow an approach to produce a basic understanding of the processes which brings about either wife-beating or child abuse.

The importance of studying all aspects of violence in the family in order to achieve an understanding of any one aspect is further illustrated by our research on wife-beating. Rather than study only families in which the husband has attacked the wife, we have studied cross-sectional samples of families in general. This permits comparison of the wife-beaters with the non-violent, and also revealed substantial numbers of wives who assault their husbands. This finding is of great importance for both scientific understanding of violence in the family and for efforts to reduce the level of wife-beating. It suggests, that elimination of wife-beating depends not only on eliminating, sexual inequality, but also on altering the system of violence on which so much of American society depends.

Multi-Method Triangulation. The general methodological principle which I would like to recommend is what Donald Campbell calls "triangulation." This means the use of a wide variety of research methods, but not simply because different issues require different methods, important as that is. Equally important is the assumption that each method has its own set of limitations as well as advantages. Therefore, multi-method triangulation is needed to achieve confidence in the findings.

The Family Violence Research Program at the University of New Hampshire, for example, has deliberately employed the following widely different research methods: In-depth unstructured interviews with a small sample of families, classroom questionnaires, mail questionnaires, local interview survey, national sample survey, content analysis of literature from 1550 to 1970, person-computer game stimulation of marriage, and secondary analysis of national survey data. Studies planned for the future include computer simulation using mathematical models, observational studies of violence by children, secondary analysis of National Crime Panel data, laboratory experiments, cross-national comparative studies, and a longitudinal or "panel" study.

Need for Longitudinal Studies. Of the types of research to be carried out in the future, the most important is a longitudinal study. By this I mean a follow-up or "prospective" study, starting out with information about social background and personality, and about experience with violence up to that point. Such a sample could be resurveyed every two or three years, for at least the next ten years.

The advantage of such a "prospective" study, as contrasted with the "cross-sectional" research on which we now depend, is that it can help determine which factor is cause and which is effect. For example, unemployed husbands in our national sample of couples, have much higher rates of wife-beating. We think it is the unemployment which causes the wife-beating. But it could well be that violent men tend to both lose their jobs and beat their wives. Which causes which has profound implications for national policy concerning methods of reducing marital violence, and it will take a longitudinal study to even come close to a clear answer.

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STATEMENT OF MURRAY A. STRAUS, DEPARTMENT OF SOCIOLOGY, UNIVERSITY OF NEW HAMPSHIRE

Dr. STRAUS. My written testimony covers five things: (1) A description of our study of violence in American families, a study of a nationally representative sample. (2) I give some of the preliminary findings on the rates we found for different aspects of domestic violence. (3) Is the issue of cause and effect, why this comes about. (4) Some comments on Federal funding in support of research of this type. (5) Some methodological comments.

Now, my plan is to briefly touch each of these. However, I would be quite willing to spend more time on one than the other, as the Chairman prefers. So let me start with this National Violence Survey.

It's an outgrowth of a program of research which developed over a several year period. We'd done a number of pilot studies. Finally it was pretty clear that although these pilot studies were important we had to nail things down with a truly representative sample and do a study that deals with an issue that you have brought up on several occasions, namely, the interrelations of different kinds of violence in the family, and that covers all aspects, not just child abuse, not just spouse abuse, but also violence between children in the family, by children against their parents, all of which are covered in this study.

The families we studied are, broadly speaking, representative of all American families. Our sample compares quite closely with census data. In half the families we interviewed the husband and in half we interviewed the wife. A couple didn't have to actually be married.

The conclusions from this study, at least in terms of rates are quite startling. They show that the amount of violence between members of the same family is extremely high. One can only conclude from this data that violence occurs between family members more often than it occurs between any other individuals or in any other setting except for the Army in time of war and the police in time of a riot.

Just to make that clear, official statistics on violent crimes are given in rates per 100,000. Well, that would pop our computer because we have to report these rates per 100, not per 100,000, in order to have them meaningful.

I will illustrate this with the husband-wife data, because my colleagues, Suzanne Steinmetz and Richard Gelles will talk about the other aspects in their testimony later.

Our data show, for example, that just over one out of six couples, or an estimated 7½ million couples, had at least one violent episode during the survey year. I happen to think that might even be an underestimate. In addition, it leaves out what might have happened in previous years.

Now, if we turn to the more dramatic thing of wife beating, which I believe is simply a more extreme point on a continuum from the ordinary violence of pushing, shoving, and slapping in family life.

Mr. SCHEUER. Excuse me. When you talk about violence are you talking about a push or a shove?

Dr. STRAUS. I am.

Mr. SCHEUER. My concept of family violence has been that somebody slugged someone or something, not just a push or a shove.

Dr. **Straus**. Yes. That, I think, is pretty much the widespread view of it. I happen to view any slap, push, or shove as violence. If I say that in the past year, as I did, one out of six couples have hit each other, and said that's ordinary violence, and you said it's not violence——

Mr. **Scheuer**. I didn't say that. It seems to me that most people perceive violence as something that hurts.

Dr. **Straus**. That's true.

Mr. **Scheuer**. Something that inflicts pain.

Dr. **Straus**. Yes. Now if, on the other hand, I were to say that within the last year out of all the committees in the House of Representatives that only one out of six committee members hit other committee members that would be taken as evidence of violence, even though no one got stabbed or beat up. If this were the case, most people would say those House committees are pretty violent. But when slaps and shoves occur in the family, there is a tendency, as you were suggesting, for people to discount that, even though they do not——

Mr. **Scheuer**. The fact is that House committee meetings are not violent.

Dr. **Straus**. Right. I'm sorry I didn't make myself clear on that. I said, if a rate of violence such as I had been reporting for ordinary pushes, slaps, and shoves were true of House committees, one would, as you just said, consider them very violent.

On the other hand, in the case of families, people say, "Well, that's just pushing, slapping, and shoving. That's not really violence."

Mr. **Scheuer**. Well, slapping, a good hard slap, hurts.

Dr. **Straus**. Let's take a mild slap. It doesn't break a jaw; it just stings a little. Is that not violence?

Mr. **Scheuer**. That's violence.

Dr. **Straus**. That's fine. That is my contention also, Mr. Chairman. But that is not the contention of the public in general. I think that when it refers to families the public thinks of violence as things that go beyond that: severe kicking, punching, beating up, stabbing, and so forth. So there is an implicit toleration or implicit permission for family members to use milder forms of violence on each other. But for members of university departments or a House committee, no one says that "just" pushing or slapping isn't violence.

We tried to take into account the way the public thinks about violence, and developed a wife-beating index to reflect that kind of phenomenon. It includes only those things that go beyond "ordinary pushing, slapping, and shoving." We find that of the 2,143 couples in our study almost 4 percent reported one or more physical attacks which fall under this operational definition of wife beating. These are attacks which would be an assault, a chargeable assault, if it occurred outside the family.

If you apply that to the roughly 47 million couples in the United States, that comes to 1.8 million wives who are beaten by their husbands every year. So just the wife-beating aspect involves 1.8 million wives every year. Also, it's not typically in isolated incidents our findings show. In those families where there is a violent incidence, there tends to be an average of 2.4. For a third of those 1.8 million couples such beatings occur five or more times during the year, with a sizeable number just about every week.

Now, what produces this? This is a question that has come up before this morning. Everybody has their pet theory, although there is, as has been indicated, little really good data. I think this is going to be a jigsaw puzzle that has to be put together. No one study, certainly not our own, is going to answer this definitively, but each one deals with a part of it.

Examples of the questions which we are working on with our data include the following:

Is there any correlation between people's beliefs and values about violence and how violent they actually are?

Is the amount of violence that husbands and wives use toward each other related to how violent they are toward their children and how violent the children are to each other and, indeed, to their own parents?

Does letting off steam verbally, hurting another verbally, getting it off one's chest, does it help avoid physical violence, or does it warm people up for physical conflict?

Mr. SCHEUER. Which is it? We're very interested.

Dr. STRAUS. That's an extremely complex and controversial issue. Our research to date shows, as clearly as that data permit, that it's a warmup rather than a substitute. If one gets to the point of hurting their marital partner or children psychologically, it just makes it one step easier to hurt them physically. Also there's likely to be some reciprocity and then an escalation. So verbal violence is not a means of avoiding physical violence; it's a means of building up to it, even though that isn't intended.

Those are some examples of some of the questions which we will be dealing with in our reports. We will be able to give partial answers to them. But a final answer is somewhat similar to the smoking and lung cancer business. Every one of the lung cancer studies has some defect. No one of them established it. But after awhile the overwhelming weight of evidence from different kinds of studies led the Surgeon General to the conclusion which he finally reached. I think that will be the case in domestic violence research. Therefore one of the methodological points that I want to support is the idea that answers to questions about the causes of family violence needs an approach from a variety of methods and a variety of disciplines. We cannot expect a quick answer from a single study—even an excellent study.

That also speaks to the issue of the nature of Federal funding. I don't mean the amount. Obviously, as a researcher I'm in favor of more of that. But the structure of that funding. I think it's very important that we preserve a very substantial, in fact, the major part of it, for investigator-initiated and peer reviewed grants, rather than narrowly targeted contracts.

The family violence research program at the University of New Hampshire, for example, wouldn't have been able to get a start without the system of investigator-initiated grants because domestic violence didn't exist as an area of research at the time we started. So it's very important, I think, that there be room for the flexibility of the grant system. You've just heard, for example, that despite the target on child abuse, that you can't really deal with child abuse alone.

Mr. **Scheuer.** In other words, that you have to deal with spouse abuse also?

Dr. **Straus.** That's my feeling.

Mr. **Scheuer.** So actually it's in the context of violence within the family?

Dr. **Straus.** Yes. And I think you need to also deal with a broad range of everyday families, not just those who are severely violent toward either spouses or children. For example, the continuum of violence which I mentioned begins at infancy with physical punishment. Most parents use physical punishment. Most parents start it in infancy before the child can even talk. In fact, they say, "Well, you can't reason with a child at that point." He's picking up dirty stuff off the floor, so you have to slap his hand. That establishes the link between love and violence. It establishes it so firmly and so early in life that it's widely believed to be a biological linkage rather than a learned linkage.

Almost all of us, or well over 90 percent, have grown up with that experience and learned a linkage between love and violence, that then gets carried over into adult life. Moreover, it's not just that love and violence are associated but also that it's morally right because, after all, mommy or daddy is doing this for my own good.

Mr. **Scheuer.** "It hurts me more than it hurts you."

Dr. **Straus.** That's it exactly, and indeed it may.

Mr. **Scheuer.** That's something I've always doubted from a very early age.

Congressman Steers.

Mr. **Steers.** I have a couple of questions.

One is: Are you familiar at all with the bill that Mrs. Boggs and I have introduced?

Dr. **Straus.** No, I am not.

Mr. **Steers.** I will undertake to send it to you in the hope that maybe you'll be able to give us some comments.

Dr. **Straus.** Yes.

Mr. **Steers.** But from her description of it, do you have any feeling—perhaps you're in a better position than someone who works for the National Institute of Mental Health or for the Children's Bureau—Do you have any feeling as to where the kind of activity that you heard described should be placed in the Federal Government?

Dr. **Straus.** I definitely feel that the National Institute of Mental Health is the preferable place for that because the emphasis there is on investigator-initiated peer reviewed research, not that they do not have contract research and undertake to support specific things that they know in advance are needed.

Mr. **Steers.** You say they do undertake to do that?

Dr. **Straus.** I think they do have some contract research. But there is a type of research tradition at NIMH, built up over a number of years, which I think will prove very beneficial in securing the highest quality research on these issues.

Mr. **Steers.** I should point out to you that 60 percent of the money that's authorized in the bill would go to community shelters all across the country.

Dr. **Straus.** Yes.

Mr. Steers. Let me ask you another question.

On page 4 you refer to wife beating, and you regard the plight of women who are beaten by their husbands or boyfriends as an aspect of family violence which most urgently needs remedial action, and then you say the other is child abuse.

I just wondered whether you consciously were making the point that husband beating was rare.

Dr. Straus. No, I'm not. Our data show that if one takes the simple frequency of a violent act, it's about the same from wife to husband as husband to wife. But I still regard wife beating as the issue that needs the most immediate remedial attention, for a variety of reasons, starting with the fact that men average five inches taller, 28 pounds heavier, they have better developed muscles. So if we were into prizefight betting we'd have an assured lifetime income just by betting on the men. Not always, but on the average men "win" in such fights.

Mr. Steers. Of course you're speaking only of manual abuse as opposed to knives and guns, which can be used by very weak people against very strong people with lethal effects.

Dr. Straus. That's true. And that's why, when it comes to murder rates, they're about the same for wife to husband, as they are from husband to wife.

There are other reasons besides the uneven physical match why I give wife beating higher priority. A main one is that women are locked into a marriage more closely than men. It's much harder, particularly for a woman with small children and no marketable job skills, to take the most direct means of ending the violence; namely, leaving. It often means giving up the level of living she has been used to. So for millions of women it's a matter of staying and being beaten or leaving and living in poverty. In many parts of the country, it is terribly difficult to even get on welfare and live in poverty because many welfare departments put women in the "Catch-22" situation of "You have to have your own residence before we can provide assistance."

The same problem was revealed in a letter to our local paper not long ago by a policeman protesting that we shouldn't be so hard on the police, because they really are trying conscientiously to aid battered women. But the women themselves refuse to be helped. He used as an example, "Just a few days ago I was at a house and the woman was being beaten up. I offered to help her out of the house, and she refused to go." Well, where was she going to go? He would take her to the bus station and leave her there with her two children. No wonder she stayed.

Mr. Scheuer. What would you say are the modeling effects on children of aggressive parental behavior?

Dr. Straus. I think they are quite powerful. Our data, as well as other studies, show that. In particular, we find that those of our respondents who had experienced lots of physical punishment as children had a rate of wife beating several times higher than other men. Those men who had come from households in which their father and mother got into physical fights also had a several times higher rate. You put the two together and it's a kind of double-whammy, much higher rates.

That, however, doesn't mean that every person who has been brought up in a household like that will be a wife beater or a child abuser. Fortunately, most people, in fact, can survive that and deal with their spouses and children normally. It also doesn't mean that those people who haven't had those experience won't It simply means that the rate of violence increases from three to eight times greater, depending on the combination of childhood experience and——

Mr. SCHEUER. Now you're getting back to the cigarette-cancer type of causal relationship.

Dr. STRAUS. Yes. We can't prove it absolutely, but we've come so close and the evidence is so compelling that it can hardly be ignored.

Mr. SCHEUER. Would you say that the problem in the whole area of intrafamily violence is one of basic knowledge, theoretical knowledge, or is it one of disseminating the knowledge that we have to the service delivery institutions in our society, getting it out there in the field?

What I'm really asking you is what should the Federal role be? To produce more basic research, or should it be more disseminating the research that we have now?

Dr. STRAUS. I think we already known enough to do a great many things, and it would be terrible if doing those things were put off by a claim that we've got to find out more. We do need to find out more, but we already know a lot. In addition, for some of these things you don't need research. If you have women who are being beaten and have no alternative place to go it doesn't take vast amounts of research to tell us that we need to fund shelters. So I give that extremely high priority. I did know that that was part of the bill, even though I'm not familiar with the details of the bill.

To take another example, there is some evidence, even though it's not very good, that wife beating goes up if the husband is unemployed. Well, there's something that I am sure every Congressman wants to accomplish; namely, reducing unemployment. It's a good in and of itself, and it's also likely to affect wife beating.

But if I may follow up on that unemployment business? It illustrates the problemmatic nature of the data, and why further research is needed: I tend to interpret that finding as saying that unemployment produces an increase in wife beating and in child beating on the basis of reasoning that it's frustrating; it undercuts the man's position, and, therefore, he wants to demonstrate that he's still really a man. In fact, there is no real evidence that those are the causal links. The causal link could go in exactly the opposite direction; namely, that it's violent men who tend to lose their jobs and also beat their wives and children.

To deal with that issue one needs longitudinal studies so that we can follow up people and see which comes first to resolve this chicken and egg problem. Dr. Shah spoke about the need to fund long-term commitments. This would be an example of the kind of issue that needs to be attacked on a longer range basis than the typical two- or three-year research grant.

Mr. SCHEUER. Dr. Straus, your testimony has been very provocative, interesting, and stimulating. We thank you very much.

Dr. STRAUS. Thank you.

Mr. SCHEUER. We will now hear from Dr. David G. Gil, professor of social policy, at the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University.

It's a pleasure to have you, Dr. Gil. Your testimony will be printed in full at this point in the record.So you can chat informally with us, us, and then I'm sure we will have some questions for you.

Dr. GIL. Thank you, Mr. Chairman.

[The prepared statement of Dr. David G. Gil is as follows:]

THE FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE

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TESTIMONY OF DR. DAVID G. GIL, BRANDEIS UNIVERSITY

Hearings on "Research Into Violent Behavior" before the Subcommittee on Domestic and International Scientific Planning, Analysis, and Cooperation (DISPAC) of the Committee on Science and Technology, U.S. House of Representatives. February 14, 1978.

Mr. Chairman, Members of the Subcommittee: Thank you for inviting me to testify before you. My name is David Gil. I am professor of social policy at the Heller Graduate School, Brandeis University, Waltham, Mass.

In your invitation you asked me to: (1) summarize past research I conducted on domestic violence; (2) describe my current work, including the connection between societal violence and household violence; (3) comment on major problems I see in government policy concerning research in this area; and (4) suggest ways in which to ameliorate these deficiencies. My comments will address these four points.

1. Past Research: Violence Against Children

In the late sixties, at the request of the Children's Bureau, U.S. Department of HEW, I undertook a series of nation-wide studies on physical abuse of children. These studies were the first systematic investigation of this destructive phenomenon on a nation-wide scale. Findings and recommendations were published in my book Violence Against Children (Harvard University Press 1970). I discussed the findings in testimony before the Subcommittee on Children and Youth, Committee on Labor and Public Welfare of the U.S. Senate on March 26, 1973. Briefly, these findings were that violent behavior towards children does not result merely from psychological disturbances of perpetrators as is often assumed. Rather, it is a multi-dimensional phenomenon rooted in the complex fabric of our society and culture. The following were identified as the roots of child abuse in our society:

-- our social philosophy and values which place material and economic development before human development, and which cause our institutions to treat humans as means or "factors" toward material and economic growth rather than as ends and masters of material and economic processes;

-- our failure to define the rights of children, unambiguously as humans entitled to free and full development, to pursuit of life, liberty, and happiness, and to all the protections guaranteed by the U.S. Constitution, including the inviolability of one's body and soul;

-- our cultural sanction, and even encouragement, to use physical force and corporal punishment in child-rearing in the home, in schools, and in various child care settings; (the U.S. Supreme Court reinforced this cultural sanction last year);

-- our historic acceptance of force and violence as proper means for dealing with conflicts on interpersonal, inter-group, and international levels, and our fascination with, and subtle glorification of, violent acts and aggressive behavior;

-- multiple strains, stresses and frustrations in our everyday life, especially at our workplaces, due largely to competitive and hierarchical social dynamics, and to successes and failures within that context. Many related phenomena with which child abuse is associated, such as unemployment, poverty, discrimination, physical and mental ill-health, addictions, crime, etc. are all manifestations of this context.

2. Current Work: Societal Violence and Household Violence

The search for approaches to overcome domestic violence at its roots has led me in recent years into a systematic exploration of linkages among social values, social policies, societal institutions and violence. As a result of these studies I came to view violence as acts and conditions which obstruct the spontaneous unfolding of innate human potential, the inherent human drive toward development and self-actualization. Such acts and conditions occur on interpersonal, institutional, and societal levels. On the interpersonal level, individuals may act violently toward one another using physical and psychological means. They may also establish conditions which deprive, exploit, and oppress others, and consequently obstruct their development. On the institutional level, organizations such as schools, hospitals, welfare agencies, and business enterprises, may through their policies and practices disregard developmental requirements of people and subject them consequently to conditions which inhibit the unfolding of their potential. Such policies and practices may be intentional or by default. Finally, on the societal level, legitimate institutional patterns and dynamics may result in poverty, discrimination, unemployment, illness, etc., which inevitably inhibit the development of some individuals and groups.

To distinguish collective from personal violence, I refer to conditions and acts obstructing development which originate on institutional and societal levels as "structural violence." Structural violence is usually a "normal," ongoing condition inherent in socially sanctioned practices, whereas personal violence involves usually acts which transcend formal, social sanctions. Personal and structural violence should not be viewed as separate phenomena, however. Rather, they should be understood as symptoms of the same social context, i.e., the same values, institutions, consciousness, and dynamics. Personal and structural violence always interact with and reinforce one another. Personal violence is usually "reactive violence" rooted in structural violence, since experiences which obstruct a person's development will often result in stress and frustration, and in an urge to retaliate by inflicting violence on others. Structural violence thus tends to breed reactive violence on the personal level, leading to chain reactions with successive victims becoming agents of violence. Chains of violent behavior and attitudes on the personal level will, in turn, feed back into collective attitudes which reinforce structural violence.

Families as Agents and Arenas of Violence

Families are agents of biological and social reproduction. Another important task of families is to restore emotional stability when their members experience psychological strains in formal settings of everyday life.

Social reproduction refers to processes through which children are prepared for adulthood. When personal violence and structural violence are normal aspects of adult life in a society, families along with other agents of socialization, such as schools, reading materials, TV, and radio, will teach these tendencies and capacities to children through "normal" child rearing and socialization practices, which include games, sports, cognitive learning, emotional milieu and relations, rewards, punishments, etc.

Restoration of emotional stability emerged as a necessary family function when people encountered emotionally unsettling experiences outside their homes, at places of work and in other formal settings of mass-societies, where humans are usually treated in an impersonal, dehumanizing, alienating manner. Families are now expected to compensate their members for these emotionally taxing experiences. They have become balance wheels or lightening rods for the stresses and strains of everyday life, normative settings for uninhibited discharge of feelings of hurt, insult, frustration, anger, and reactive violence, feelings which originate mostly outside the family, but can usually not be discharged at their places of origin. People tend to express and act out these feelings at home, rather than at their places of work or in other formal settings for several reasons. First, families are informal settings suited to emotional exchanges among members. Next, society in general, and law enforcement authorities in particular, tend to refrain from involvement in family tensions and conflicts. Risks of punitive sanctions are, therefore, limited. Finally, people tend to spend more time with their families than in formal settings, and time spent with the family tends to be less structured.

Propositions Linking Violence and Families

The discussion, so far, has led to the following related, general propositions:

1. Violence is human-originated conditions and actions which obstruct human development throughout the life cycle.

2. Violence, as understood here, may be a result of societal dynamics--"structural violence," of acts of individuals--"personal violence," and of interactions between societal and individual dynamics.

3. Human development tends to be obstructed when inherent biological, psychological, and social needs are frustrated or over-satiated beyond a level of tolerance. (That level of tolerance varies among individuals and groups).

4. Whether, and to what extent, human needs are met in a particular society depends on its social policies concerning resource-management, work, production, and rights-distribution, and on the values and consciousness, which shape and are recreated by these policies. These policies and values determine the quality of life and of human relations in societies, and, hence, the scope and limits of human development and self-actualization.

5. When a society's normal institutional processes consistently frustrate human needs and, consequently, obstruct human development, energy thus blocked by "structural violence," will often erupt as reactive, personal violence among individuals and groups.

6. Individuals will frequently discharge violent feelings and impulses in the informal setting of their families, rather than in more formal societal settings where these feelings often originate.

7. Families will often endure discharges of displaced, personal violence from their members, as they are now settings for restoring the emotional balance of individuals who encounter unsettling experiences away from home, in the normal course of every-day life.

8. Personal violence discharged within families will often set in motion chain reactions of violence within and beyond families.

9. Families serve as unwitting agents of structural violence in societies in which personal violence and submission to structural violence are normal aspects of life. In such societies, families tend to stress hierarchical patterns, irrational, arbitrary authority, discipline, and punishment including corporal punishment--patterns and practices which transmit to children attitudes and capacities they will require as adults in societies permeated with structural violence.

It follows from these propositions, that if violence is to be overcome in a society and its families, obstructions to the unfolding of human potential need to be eliminated, and the institutional order needs to be transformed into a non-violent one in which all people can freely meet their intrinsic biological, social, and psychological needs, and which is, therefore, conducive to human self-actualization.

Many contemporary societies are, regrettably permeated with structural violence, and so is the existing international order. Since my experiences and studies of these issues are limited largely to the United States, I will examine here structural obstructions to human development in our country. To prevent misunderstandings, however, I hasten to note, that structural and personal violence are and have been prevalent in many societies whose institutional orders are similar to, and different from, that of the United States.

Structural Violence in the United States: An Institutional Analysis

To understand the scope for human development, and the dynamics of structural violence obstructing that scope, in particular societies, one must examine the following key processes of human existence: management of resources, organization of work and production and distribution of rights; and one must inquire into the nature of dominant societal values.

Development and Control of Resources: A central feature of resource management in the United States is private ownership and control, by individuals and corporations, of most life-sustaining and life-enhancing, productive resources, including land, other natural resources, energy, human-created means of production, and human-generated knowledge, technology, and skills. Owners are relatively free from societal controls in the use of their resources. That use is directed, primarily, toward generating profits by producing goods and services for sale in markets, and investing parts of the profits in order to expand one's share in the ownership and control of society's productive resources. Thus a major objective of ownership is to use what one owns and controls in a continuous process of further accumulation and concentration of property. Meeting needs of people is not a direct objective of ownership and production but only an indirect, hypothetical consequence. Early economic theorists assumed that in "free markets," open competition among many self-interested, owner-producers would result in improvements of products and productivity, decline of prices and of the rate of profit, satisfaction of people's needs rather than merely of "effective demand," and stability and equilibrium of markets.

Actual developments in the United States did, however, not follow the theories of "classical" economists, nor the more refined theories of "neo-classical" economists. The dynamics of profit, acquisitiveness, accumulation, and concentration resulted in gradual elimination from major markets of many small owner-producers who failed in competition and whose resources were absorbed by the winners. Moreover, large segments of the population, including freed slaves, never owned sufficient amounts of productive resources, to participate on fair terms in market competition. At the present time, a significant majority of the population in the United States is propertyless as far as control over productive resources is concerned, while a minority owns and controls almost all the productive resources. The majority depends consequently on the minority for access to, and use of, productive resources necessary for their survival. Oligopolies have, by now, effectively replaced whatever "free enterprise" existed in the past, in most important industries, and the economy is dominated by giant, national and multi-national corporations, the results of mergers and conglomerations, whose economic resources and corresponding political influence enable them to control markets, horizontally and vertically.

Products of modern corporations are continuously being modified, yet their quality is not being improved significantly, and wasteful obsolescence is often built into them, forcing repairs and replacements, and assuring continuous profits. Prices and profits tend to increase, and needs for goods and services of large segments of the population remain unmet, while many workers are unemployed and productive capacity remains under-utilized. These latter phenomena are compensated partly by massive, wasteful production for present and future, hot and cold wars, which are being fought to assure markets for economic expansion and steady sources for relatively cheap raw materials and labor. Yet in spite of compensatory tactics, the economy moves from crisis to crisis, rather than towards stability and equilibrium.

A further aspect of resource management which also results from the primacy of the profit motive, is an all-pervasive, exploitative attitude, reflected in widespread waste of human potential, materials, and energy, and in frequently irreversible damage to the biosphere, as direct and indirect consequences of patterns of production and consumption.

Summing up the discussion of resource management, one is forced to conclude that when decisions concerning resources and concerning types, quantities, and quality of products, are shaped largely by profit criteria, intrinsic human needs will not be met when meeting them is not profitable and new, non-intrinsic needs will be stimulated by manipulative advertising when doing so is profitable. Also, while "effective demand" by wealthy population segments for luxury goods and services will be satisfied, genuine needs of poor population segments for essential goods and services will remain unmet--an important aspect of structural violence.

Organization of Work and Production: To understand the destructive consequences of the prevailing organization of work and production in the United States on human development, creativity and self-actualization, one needs to relate the current context to the original functions and meanings of work. Work evolved as a rational response to human needs, motivated by an innate drive to satisfy these needs. It became a condition of human survival, self-reliance, independence, and freedom. "Work" used to mean all mental and physical activities through which humans produce life-sustaining and enhancing goods and services from their environments, and it involved the integrated use of intellectual and physical capacities to conceive and design solutions to existential problems, and to try out, implement, and evaluate these solutions in the material world. It also involved the study and use by workers themselves of accumulated, transferable human experience, knowledge, and skills relevant to their crafts. Being rooted in intrinsic human needs and drives, and being a central aspect of human existence, work is affected by, and affects, human emotions- Work has therefore, a significant psychological component and has evolved into a major constituent of human consciousness. Hence, it has implications for self-discovery, self-definition, self-expression, and self-actualization of humans, and for their relations to one another.

In a dynamic sense, work and production means to combine past and present human capacities with natural resources, in order to transform these resources into products needed by humans. To work requires, therefore, access to, and use of, natural and human-created, concrete and abstract resources, including past discoveries, inventions, science, technology, tools, and other material products. To think of work apart from this fundamental requirement of using resources, results, inevitably, in conceptual confusion. On this issue, an analysis of work in the United States intersects with the preceding analysis of resource control. That analysis revealed, that the majority of the population is legally prevented from engaging in self-directed work to pursue their survival and development as they do not have the right of access to, and use of, necessary productive resources, most of which are owned and controlled by a small minority. The propertyless majority of potential workers is thus dependent on securing employment from the minority, the owners of most productive resources, and on "selling" to the owners their physical and mental capacities. In exchange for selling their productive capacities in the "labor market," workers receive wages, equivalent in value to a mere fraction of the goods and services they produce, while the remainder is kept by the owners of productive resources as legitimate profits.

The propertyless majority is not merely prevented from working independently, but also lacks an effective right to employment. For the scope of available employment, as all other economic decisions, depends, primarily, on criteria of profit which is usually enhanced when a reserve pool of unemployed workers compete for scarce jobs. A surplus of workers in the market makes it easier for owners and managers to hold the line on wages and to assure discipline, submissiveness, and conformity in workplaces, in spite of the dehumanizing and alienating quality of most existing jobs.

The professional jargon of economists refers to workers as "factors of production employed by capital." There is no more revealing language to describe the antagonistic, exploitative, and alienating nature of the relationship between property owners and propertyless employees. The latter are considered and treated as means to the ends of the former, not as dignified subjects in their own rights, as self-reliant masters of their destiny and proud masters of production.

Work is now designed and subdivided into minute, repetitive operations, in a manner that denies workers democratic self-direction and the integrated use of their intellectual, emotional, and physical capacities, and transforms them from craftsmen into servants of machines. Whether they work with their hands or their heads, workers must always carry out someone else's instructions, since responsibilities for designing and monitoring products and work processes have been separated from persons doing the actual work. Hence, on the job, workers are not whole, fully developed and developing human beings. Only part of them is bought and used, a specific function. Employees are thus not only exploited in an economic sense by being deprived of a major share of their products; they are also oppressed psychologically, because of the dehumanizing dynamics of the prevailing organization of production which obstructs, i.e., violates, the unfolding of their capacities in the work context.

A further feature of the division of labor and organization of production in the United States is finely graded hierarchical structures which foster competition for advancement among members and segments of the workforce, inhibit solidarity among workers, and consequently protect the established order and its property and power relations. Consciousness shaped within these competitive, hierarchical contexts causes people to strive, selfishly, for upward mobility, and blinds them to the futility of these strivings in the aggregate. Human relations and experiences in competitive, hierarchical settings are deeply frustrating, since everyone is perceived as everyone else's potential adversary and ends up lonely and isolated: for oneself and by oneself. Selfish competition for entering the workforce in order to survive, and for advancing within it in order to improve one's lot, has become also a major source of prejudice and discrimination on the basis of sex, age, race, ethnicity, religion, etc.

It is important to realize that the exploitative and alienating dynamics of work in the United States affect and trap nearly everyone in and outside the workforce, and not only economically deprived segments of the population. Unemployed and marginally employed workers, and workers who lack significant skills suffer objective economic hardships and social and psychological alienation, while steadily employed workers, be they technicians, professionals, academics, or administrators, may be less affected by objective, material deprivation, yet their social and psychological alienation is as real, if not more so, than that of the former group.

In summary, this discussion of work and production in the United States reveals that when workers are prevented from using productive resources freely, on their own responsibility, and under their own direction, and when labor is sub-divided into hierarchies of largely meaningless "jobs," work loses its original, rational, potentially enriching and self-actualizing quality, and is transformed into forced and dehumanizing labor which obstructs human development. It is no longer aimed directly at the satisfaction of biological, psychological, and social needs of workers, but at securing wages, i.e., purchasing power in markets whose goods and services are producod and sold to generate profits, rather than to satisfy intrinsic human needs. Rational, productive behavior, rooted in a logic of human survival, development, and enhancement of the quality of life for all, has been replaced by essentially irrational, pseudo-productive activities, rooted in the internal logic of capitalist dynamics, according to which the perceived interests and profits of a minority are more important than the satisfaction of human needs and the unfolding of the inherent human potential of the entire population.

Socialization: Analysis of work and production needs to shed light also on the processes through which children are prepared for roles as citizens, workers, and "surplus people." Settings for these processes are schools and families. Schools, from nursery through graduate and professional, are formal mechanisms, and families are informal training grounds, for the reproduction of work-force and an unemployed labor reserve.

Schools carry out their function mainly by shaping the consciousness and mind-sets of students within authoritarian, hierarchical structures which resemble, in many ways, the structures and dynamics of workplaces. Schools foster competitive dynamics and inculcate values, beliefs, and behavioral tendencies appropriate for adjustment to the prevailing reality of workplaces. Development of intellect, critical thought, talents, imagination, creativity, and individuality are usually minor objectives of schooling, since only small segments of the workforce are expected to use intellect and talents at work, and to be self-directing, imaginative and creative, while most workers are expected to be conforming organization-people, rather than independent, fully developed individuals.

Schools put emphasis on identifying the select few whom they channel into superior educational settings, e.g. elite colleges and universities. For the multitude of students, however, who are steered into average and below average educational tracks, schools serve essentially as holding patterns until as "graduates" or "drop-outs" they are ready to enter the various layers of mindless jobs of the existing work structure, the armed forces, or the pacified cadres of the unemployed. What schools do for most young people does not fit the euphemism "education." It is more appropriately described as massive waste and destruction of human potential, or, in the terms used here, disguised violence. This is certainly not the conscious intent of teachers and others laboring hard in schools; but it is, nevertheless, the inevitable, aggregate outcome of schooling in the United States, as long as the established division of labor and the design of work do not require fully developed, creative, and self-directing human beings, but mainly conforming and mindless "factors of production."

It is often assumed, erroneously, that the selection process in schools is determined by objective, scientific measurements of human capacities, and that most students are guided into adult roles fitting their inherent potential. Yet, in spite of supposedly fair tests and guidance, the aggregate results of the student selection process seem biased in favor of students from socially and economically privileged strata. These aggregate results of the educational and occupational selection process seem to be mediated in the United States through experiences in families and schools in socially and occupationally homogeneous neighborhoods. Schools in different neighborhoods vary in style, expectations, and aspirations, and although they may have similar formal curricula, their subtle messages and their milieu will nevertheless vary significantly, and will reflect the dominant social reality of people living in their respective neighborhoods and communities. This aspect of homelife and schooling assures that the workforce is reproduced not only in its entirety, but that every layer is reproduced largely on its own social turf.

Families and schools interact and mutually reinforce their respective contributions to the process of social reproduction based on intergenerational continuity. As a result, children will end up within social, economic, and occupational ranges similar to those of their parents, although some individuals will transcend this general pattern and will thus reinforce the myths and illusions of democratic meritocracy, equal opportunity, and free mobility. The general pattern however has little to do with the actual distribution of innate capacities among children, nor does it reflect preferences of poor families and occupationally marginal workers and their children. Rather this pattern reflects powerful and durable dynamics which permeate societies stratified by wealth, occupation, and social prestige, dynamics which subtly force families and schools to play unwitting roles in reproducing a hierarchically structured workforce out of correspondingly structured social strata.

Distribution of Rights: The roots of rights are human needs, the more intense of which, such as needs for food and human relations, are natural in origin. However, which and whose needs will be satisfied out of a society's aggregate wealth, on what terms, when, and to what extent, depends always on societal choices. In short, rights are explicit or implicit societal sanctions, for satisfaction of specific human needs of certain individuals and groups, out of society's concrete and symbolic resources.

In the United States, biological, psychological, social, economic, civil and political rights tend to be linked directly or indirectly to the prevailing distribution of control over productive resources, and the organization of work and production. The overall result of these links among resources, work, and rights is that the majority of the population who do not own productive resources and who depend on employment provided by owners, tend to be relatively disadvantaged in the distribution of every kind of right.

Rights to material goods and services are distributed in the United States mainly through market mechanisms, which means that those who can afford the price have an effective right to purchase the goods and services they desire. Purchasing power, a function of wealth, earned and unearned income, and credit, is, therefore, a rough index of rights available to individuals and groups. This index is certainly valid for such items as food, housing, clothing, health care, transportation, education beyond publically provided schooling, recreation, etc., all of which are usually available for purchase, rather than as entitlements provided as public services. Only the most deprived segments of the population whose purchasing power fails below a defined level, are entitled to receive limited, and often inferior shares of these items from public welfare agencies.

Wealth, a major source of purchasing power and hence of rights, tends to be highly concentrated. To illustrate, in the United States, in 1972, one percent of the population owned 56.5 percent of all corporate stock, and six percent owned 72.7 percent.* For the majority of the population, those without significant shares of wealth, money-income is consequently, the main, and frequently the only, source of purchasing power. Credit, another important factor of purchasing power, tends to be related to wealth and income, and need not be examined separately here.

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* The New York Times, July 30, 1976.

Perhaps the most pervasive, taken for granted, yet least acknowledge aspect, of "making a living" in the United States by generating income and accumulating wealth is the selfish, competitive, manipulative-pragmatic, and thoroughly dehumanizing quality of these activities. To be sure, there are codes of civility and fairness which supposedly govern these processes, codes which are meant to soften and counter-balance the underlying dynamics of a jungle mentality. Yet these codes tend to be enforced primarily toward less powerful players in the competitive game of "making a living," while the more powerful actors possess, and often use, the means (money and lawyers), to get around the codes. For what matters in the end is the "bottomline," and arguments for decency, morality, and constraints tend to be considered utopian, unrealistic, impractical, old-fashioned, non-assertive, chicken-hearted, unmanly, etc.

For most people income means wages or salaries, specific rewards for holding specific jobs. Different jobs command different levels of rewards, differences which are often assumed to reflect different levels of specialization, preparation, effort, risks, difficulties, etc., but which upon analysis appear to be related largely to social power and the internal logic and dynamics of competition. Most people prefer better paying jobs and the wider scope of effective rights attached to such jobs. People will, therefore, compete ruthlessly, for scarce jobs, and for promotions to even scarcer, better paying jobs. As competition for jobs becomes a way of life, those involved in it, come to relate to one another antagonistically, as objects to be used for selfish ends and overcome in competition. Such relations among people are the general model for success in the "rational" drive for "better" jobs, larger incomes, and a broader scope of effective rights but they are also the general model for all violence. One can thus not avoid two related conclusions, (1) that latent, and often not so latent, inter-personal violence is an essential, though not sufficient, requirement for success in the competition for incomes and rights, and (2) that legitimate rights in competitively organized societies tend to be rooted in latent or manifest violence.

The foregoing conclusions are reinforced when one examines the history of wealth accumulation, the most potent source of rights. In the United States, the roots of this accumulation are complex processes of large-scale appropriations and expropriations of land and other resources. Without systematic, forceful expropriations which began in colonial times, a small minority could never have achieved the present levels of accumulation and concentration of wealth. This was not a voluntary process, as far as its victims are concerned, but was accompanied by overt and covert force and violence, until its results were eventually rationalized, sanctified, and legitimated ex-post-facto. Once legitimated, accumulation through expropriation changed from a lawless, violent process into lawful, violent conditions or structures. To maintain the status-quo, continue the process of accumulation, and provide it with an appearance of legitimacy, two complementary processes were gradually perfected: (1) a system of socialization-indoctrination, to shape people's consciousness and assure "voluntary" adjustment to the structural violence of the established order, and (2) a constant presence of latent, potential force and violence, often referred to euphemistically, as a system of law-enforcement and criminal justice, to enforce compliance when socialization proves inadequate.

Violence was not only essential to initiate, defend, and maintain the process of accumulation of wealth. As indicated in the analysis of work and production, structural violence is also an essential aspect of preparing and controlling a workforce and a labor reserve pool which together assure the continuation of the accumulation process. Once more, it is inconceivable for humans to lend themselves voluntarily to the prevailing, dehumanizing and exploitative work processes, which are the norm in the United States. This paradox is explained by the fact that submission to the prevailing context of work is the lesser of two evils. The only available alternative for most people is unemployment, lack of income and purchasing power, and a severe reduction of the scope of rights. What is celebrated as "free" labor is thus in reality a sophisticated variation on slavery, assured by the lack of viable alternatives. One is led to the same conclusion as before: the ungoing process of accumulating wealth through the "voluntary" work of forced labor depends on the presence of structural violence and potentially overt violence; were this violence removed, people would not voluntarily participate in the process of wealth accumulation for a minority, but would take control of their own lives and of society's resources, and would redesign production in accordance with their real human needs.

Having concluded that in the United States, the drive for effective rights through income from jobs and through accumulation of wealth involves a dehumanizing mentality and overt and covert violence, it is now necessary to note some results of this drive. The lop-sidedness of wealth distribution requires no further discussion, but some comments concerning the distribution of income are indicated.

Whatever yardsticks one choses to describe the distribution of income, several facts stand out clearly. Incomes of large segments of the population fall below government defined levels of poverty and adequacy, which means levels precluding the purchase of adequate food, housing, and clothing, health care and education, transportation and recreation, etc. In 1975, 26 million people, about one in eight persons or over 12 percent of the United States population, were classified by the government as "poor." Their incomes were about one-third of the Low Budget defined by the U.S. Bureau of Labor Statistics. During the same year, about thirty percent of the population lived in households with incomes below the Low Urban Family Budget of $9,588. In many of these families, one or more persons were employed full time, yet in spite of this, incomes did not exceed poverty or marginal levels. President Roosevelt noted in 1932 that "one-third of the nation were ill-fed, ill-clad, and ill-housed," which, based on the foregoing sketch seems to be an ongoing condition in the United States in spite, or perhaps due to, a plethora of welfare-state programs.

Income levels, purchasing power, and scope of rights were probably worst for the unemployed and their families, about eight million or 7.5 percent of the workforce throughout 1976 and 1977 by official count, and for additional millions who are no longer counted in the workforce, and who must exist on meager support from welfare agencies. To round out this sketch of income insufficiency as a measure of rights deprivation, one needs to note that the figures quoted here, refer to the total U.S. population. When one examines the situation of certain minority groups, the incidence of income insufficiency and of deprivation of rights is significantly higher.

It seems hardly necessary to note that individuals of all ages, whose rights to material necessities are as limited as reflected in this sketch, are likely to experience obstructions of varying intensity to the free unfolding of their innate human potential: they are constantly confronting structural violence which undermines their bodies, minds, and souls.

Economic and biological rights, i.e., rights to material goods and services are fundamental in terms of human survival and development. Yet social, psychological, civil and political rights are not less important in existential-humanistic terms. These rights, though less concrete and more symbolic, are nevertheless as real as economic rights, and being deprived of them is likely to have equally destructive consequences for the unfolding of human potential.

Social recognition, human dignity, and social prestige tend to accrue in the United States to individuals and groups who possess material wealth, and to those who receive relatively large incomes related to knowledge and skills, such as professionals, academicians, administrators, some skilled crafts people, political leaders, athletes, artists, etc. The multitude of propertyless, low-skilled and unskilled, workers and unemployed on the other hand, receive relatively little or no recognition, dignity, prestige, and income. Social relations, intercourse, and participation tend to be stratified by wealth and prestige. Those who are wealthy and prestigious associate with one another and avoid social intercourse with those who are materially and socially less advantaged or deprived. Less advantaged groups tend to follow the same patterns of social relations, participation, and segregation, stratum by stratum. These tendencies are reflected in residential patterns, social clubs, schools, and even religious congregations, all of which tend to be segregated by economic and social criteria. Racial segregation is merely one aspect of social and economic segregation, yet frequently, the only form of segregation addressed by public policy. The result of these dynamics of social relations, participation, and segregation is a deeply divided society, not just by skin-color, as noted by a Presidential Commission on Civil Disorders in 1967, but along multiple, social and economic lines.

The pursuit of individual identity, self-expression, and self-actualization is less tied to wealth and income than other social and psychological rights, although a minimum level of economic security seems essential before individuals develop a sense of individuality, and self-worth, and are motivated to search for self-expression and self-actualization. Yet the issue of individuality, self-expression, and self-actualization defies simple, material solutions. In the United States, it seems, that wealthy and privileged individuals do not attain satisfaction of these innate human needs to a significantly larger extent than poor persons and persons with adequate incomes. One is therefore, forced to conclude that the right to become an individual in the fullest sense, to explore, unfold, and express one's innate potential, and actualize oneself, has been sacrificed to materialistic ends, and is now effectively lost for nearly everyone. The inherently violent dynamics of competition, acquisition, domination, exploitation, and dehumanization seem to preclude the pursuit of individuality and self-actualization for everyone trapped in these dynamics, be they agents or victims of violence.

Civil rights, individual liberties, and due process are in theory distributed equally in the United States, yet in reality it is more difficult for economically and socially disadvantaged individuals and groups to know, claim, and exercise these rights than it is for more privileged ones. Moreover, prevailing competitive dynamics among multiply divided, antagonistic groups tend to result in biased attitudes and discriminatory practices which interfere with the exercise of civil rights of economically and socially deprived.

and discriminated against groups. Actual practices concerning civil rights in the United States reveal that these rights are not separable from the economic and social context as is often assumed erroneously, and that true equality of liberty depends on equality of economic, social and political rights. As for political rights, such as access to information relevant to one's existence, participation in decisions affecting one's life, and sharing responsibilities for public affairs, these too tend to be distributed in the United States in association with economic power and social rights. Similarly to civil rights, political rights are in theory distributed equally in a democracy, yet the same forces and processes which interfere with the exercise of equal civil rights, result also in a skewed distribution of political rights and power.

Values: The dominant values in the United States, which shape, and are reinforced by, policies and practices concerning resources, work, production, and rights, seem rooted in an early, unsophisticated view of human existence, according to which individuals ought to take care of their own needs and the needs of their kin. This, not unreasonable, concept of social reality led logically to attitudes, practices, and values of self-centeredness and acquisitiveness which seemed conducive to meeting the needs and ends of the self in sparcely populated environments. It also led to an attitude of suspicion toward others, especially strangers, who came to be regarded as potential threats to the self's security, as adversaries against whom one had to compete in the constant drive for life-sustaining and life-enhancing resources, and against whom one had to defend one's acquisitions and possessions. Implicit in these emerging attitudes and practices was a perception of the lives of others as less important or of lesser worth than one's own life and the lives of one's kin. This perception became the source of socially structured inequalities among people, and of the notion that others could and should be used as means for the ends of the self, rather than treated as equals, and that they can and ought to be dominated to assure their availability to serve the ends of the self.

Over many centuries and millenia, these simple, internally logical notions, and practices and experiences derived from them, as well as reinforcing them, resulted in the currently dominant value paradigm of selfishness, inequality, domination, competition, and acquisitiveness. No doubt, one can discern in the United States also a paradigm of alternative values, namely, equality, liberty, regard for the needs of others, cooperation, and sharing. However, this alternative paradigm, which derives from more sophisticated, initial, existential assumptions, plays, for the time being, a minor role only in shaping policies, institutions, attitudes, behaviors, and human relations. Given the dominance of the former paradigm, people tend to be concerned primarily with their own needs and development. The inevitable, paradoxical result is a progressive deterioration of everyone's scope for needs-satisfaction, development, and self-actualization, an unintended consequence of competitive struggles for survival and success of all against all, and of uncritical conformity to the internal logic of the dominant paradigm. Thus in a tragic twist of fate, the individualistic pursuit of well-being seems to have turned into a certain course toward collective insanity and suicide.

A Paradigmatic Revolution Toward a Non-Violent Society

The foregoing examination of institutional patterns and values in the United States reveals that structural violence and its multi-faceted consequences are now inevitable, normal byproducts of the established way of life. Earlier I noted compelling links between structural violence and household violence, and I argued that the latter cannot be eliminated unless the former is overcome. This proposition leads to the crucial question whether, and how, structural violence can be overcome--the issue of "primary prevention."

Reason seems to suggest, and a critical study of history reveals, that human existence can be, and has often been, organized in a manner conducive to the unfolding of everyone's innate potential, which means free from structural violence. Non-violent, cooperative and egalitarian societies of varying sizes have existed throughout humankind's history as constant counterpoints to the major themes of force, violence, domination, and exploitation, and have demonstrated their feasibility and viability in various parts of the globe, among diverse peoples, and at different stages of cultural, scientific, and technological development.

Humans in such societies think of themselves as integrated into nature rather than apart from it and masters over it. They have an abiding respect for life, including human life, and they hold waste and destruction of life and of natural resources to a minimum. They consider one another of equal intrinsic worth in spite of individual differences. Hence they regard everyone's biological, social, and psychological needs of equal importance, and they treat everyone as entitled to equal rights and liberties in every sphere of life, and also subject to equal responsibilities and constraints,

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the latter necessitated by scarcities of resources and by equal entitlements for all. They value individuality, self-reliance and self-direction, as well as cooperation and mutual aid in collective pursuits of survival and improvements in the quality of life. They perceive no inevitable conflicts of genuine, human interest among individuals, and between individuals and collectivities, as theirs is not a zero-sum mentality of scarcity, but a plus-sum mentality of sufficiency created by cooperation and sharing. They reject selfishness, competition, domination, and exploitation in mutual relations. Their humanistic, egalitarian, democratic philosophy of life and society seems rooted in an idea of Protagoras, an early Greek philosopher, (480-410 B.C.): "Humans are the measure of all things."

To overcome structural violence in the United States and in similarly organized societies, prevailing policies concerning resources, work, production, and rights, need to be adjusted to the foregoing humanistic, egalitarian, libertarian, democratic, cooperative, and collective values. For these values, but not their opposites, seem to be compatible with the unfolding of everyone's inherent potential, and institutions shaped by these values are, therefore, likely to be conducive to free and full individual development. I am sketching below some concrete implications which follow from this proposition, to indicate the direction in which we need to move should we chose to overcome structural violence, rather than force people to adjust to it.

1. Productive resources, be they concrete such as land, raw-materials, energy, and tools, or non-concrete such as knowledge and skills, should be liberated from prevailing, private controls and made accessible for use by all people. That use should be geared, rationally, toward meeting the needs of all humans, everywhere, those living now, and those yet to be born, with everyone's lifelong needs constituting a flexibly equal claim against the aggregate of resources. Criteria will have to be developed for priorities related to needs of different urgency, and for balancing current and future needs against requirements of conservation. Obviously also, waste, destruction and irrational uses of resources will have to be eliminated. Allocation decisions are difficult in any social context, but in a humanistic-egalitarian society these decisions can be made within a rational frame of reference, undistorted by narrow, selfish interests of powerful minority groups.

It is important to stress that, contrary to widespread assumptions, control over resources and their allocation must not be centralized and bureaucratized, to assure equal access and equal rights to needs-satisfaction. On the contrary, centralization and bureaucratization may themselves be serious obstacles to equal access and to equal rights to needs-satisfaction, since they involve hierarchically organized structures which tend to obstruct free and full development of individuals. The principle of free access to, and egalitarian use of, resources should therefore, be implemented in a decentralized manner, involving democratic coordination and cooperation among self-directing, equally entitled, relatively small communities of producers and consumers. This means that each community should cooperatively use and control local resources, and should exchange its surplus with neighboring and distant communities on egalitarian, non-exploitative terms, so that the needs of people living in differently endowed localities can be met.

2. Work and production will have to be redesigned thoroughly to overcome the dehumanizing quality and consequences of the prevailing modes of production and subdivision of labor which are shaped primarily by profit considerations rather than by humanistic and egalitarian objectives. This means that work and production should once more become rational undertakings geared toward everyone's needs-satisfaction through the processes and products of work. Workers themselves should design, direct, and execute their work and should be thoroughly knowledgeable concerning all aspects of their work, so that they can become proud masters of their crafts, rather than merely "factors of production." Their work should not be a means toward the ends of others, but a means to sustain their own existence and enhance the quality of their lives. Given such a redesigned context of production, workers will spontaneously develop a genuine work-ethic and work motivation, in place of the prevailing forced work-ethic which is motivated largely by fears of unemployment and starvation.

Unnecessary, unproductive, and wasteful work such as advertising, banking, insurance, real estate deals, military enterprises, etc., should be eliminated gradually, so that only work necessary for human well-being and enjoyment of life will be carried out, and individuals engaging in such necessary, productive work, will be regarded with respect for their contributions to the common good. People should be able to choose freely the kind of work they want to engage in. This would require that essential work not chosen voluntarily by enough people because of undesirable, intrinsic qualities should be carried out by everyone on a rotating basis. Similarly, work preferred by too many people should also be shared by rotation among all individuals selecting it. Life-long learning will be required and enjoyed by all to keep up with developments in one's work, and to attain satisfactory mastery.

People will tend to cooperate at work when they will no longer be forced to compete for jobs and promotions, and when everyone will have effective rights and responsibilities to participate in production as designer, decision maker, and executor. Coordination among workers and work groups should be achieved horizontally and cooperatively, rather than through vertical direction and supervision. Talents and competence of individuals should be acknowledged, and guidance from competent individuals should be sought and accepted. However, talents and competence should not become a basis for privilege, nor should knowledge and skills be monopolized. Rather, they should circulate freely, so that everyone could acquire them. Science and technology should be pursued vigorously, and disseminated widely among the population, so that workers should be able to apply scientific insights towards improvements of products and production processes.

Education and preparation for adulthood and work, in schools and at home, will be geared to everyone's full development, when a transformed mode of production will require and make use of the integrated intellectual, physical, and emotional capacities of every individual. Also, socialization at home and in the schools, will no longer need to be authoritarian competitive, and punitive, when the context of work will be democratic, cooperative, and rewarding. Finally, schools will no longer be used as holding patterns for young people: they will not be needed to disguise the real scope of unemployment.

3. Economic, social, psychological, civil, and political rights should be distributed equally as universal entitlements, rather than through markets, where larger incomes, wealth, and economic power command larger shares of all kinds of rights. The distribution of rights should thus be separated from the specific roles of people in the social division of labor, and should be based instead on people's individual needs.

It should be noted though, that, contrary to widespread misconceptions, equality of rights does not mean mathematical equality, sameness, conformity, and uniformity. Rather, it means an equal right to develop and actualize oneself, and hence, to be unique and different. An egalitarian distribution of goods and services and other rights should, therefore, involve flexibility in order to allow for differences of innate and emerging needs among individuals.

Equality of political rights should be implemented through open access to all relevant information, which requires, by implication, elimination of all secrecy concerning public affairs, and through participation in all decisions affecting one's life--direct participation in open meetings of one's community, and indirect participation on trans-local levels through a network of assemblies representing genuinely democratic communities, rather than anonymous individuals. Service on representative and administrative bodies should be rotated and should not entitle those engaged in it to privileged circumstances of living.

They should act as servants of their communities, executors of democratically evolved decisions, and not masters over people. It may be assumed that, given access to all relevant information and effective rights to participate in economic and political life, most people will develop capacities and skills to represent their communities in trans-local political assemblies, and to bring to the work on coordinating levels a perspective that integrates local and trans-local interests.

These comments on alternative values and policies concerning resources, work, production, and rights are not a detailed blueprint for humanistic, egalitarian, libertarian, democratic, non-violent societies, but merely a demonstration that such societies are not beyond the realm of reason and human possibilities, and that they are not "unrealistic" and "utopian" as is often claimed. I also wish to note that there is no single correct model for such societies, and that different human groups would have to develop their own models, fitting their individualities, by working together guided by the paradigm of alternative values.

No one can claim with certainty that paradigmatic shifts in values and institutions are not possible, since human nature and natural conditions of human habitats do not preclude such paradigmatic shifts. There is also nothing inherently inevitable about presently dominant values and institutions, nor is there anything unnatural about the radical alternatives sketched here. One is therefore led to suspect that claims concerning the impossibility of paradigmatic shifts toward humanistic, egalitarian, libertarian, democratic, and non-violent societies, reflect either ignorance or vested interests in the maintenance of the prevailing paradigm. Labelling alternative paradigms "unrealistic" and "utopian" seems to be a defensive maneuver on behalf of the dominant paradigm, as it tends to discourage people from exploring alternatives systematically before forming an opinion about their feasibility and viability. After all, who would want to waste scarce time on unrealistic and utopian projects?

If indeed, humanistic, egalitarian, libertarian, democratic, non-violent societies are not beyond the range of human possibilities, as I have argued here, then people who value the free unfolding of human potential, and who want to eliminate violence from our lives, ought to participate actively in political and philosophical movements which struggle for the emergence of such societies, in order to overcome structural violence at its roots, and to eliminate thus its "normal" consequences and symptoms, including the destructive phenomenon of household violence. In short, primary prevention of violence requires a political-philosophical process, rather than merely professional, technical, and administrative measures.

3. Major Problems in Research on Violence

My familiarity with government sponsored research on violence is limited. Hence the following observations are tentative. They are based on published research reports and conversations with researchers and government officials.

Conceptions of violence and hypotheses concerning its dynamics from which current research questions are derived tend to be symptom-oriented rather than source-oriented, descriptive rather than analytic, and fragmentary rather than comprehensive or holistic. This means that various types of violence are studied in isolation as if they were discrete phenomena, unrelated to one another and to the societal context in which all types are rooted. A recent illustration of this tendency is separate research efforts and service programs focused on violence against children and spouses.

Scholars, philosophers, and historians of science have known for a long time that one's answers can be no better than one's questions, and that the range of possible findings and answers resulting from scientific endeavors is usually determined by the manner in which research topics are defined, hypotheses are stated, and questions are formulated. Hence the value of current research on violence, and the probability of deriving from it significant findings and effective recommendations for overcoming violence, depends on the validity of the conceptions and hypotheses underlying that research. If my impressions are correct, and if indeed the conceptions, hypotheses, and foci of current research on violence are mainly symptom-oriented, descriptive, and fragmentary, then the yield to be expected from that research is insignificant and probably not worth the efforts and resources invested in it.

The symptom-oriented and fragmentary approach is not unique to research on violence. We tend to approach most social problems as if they were separate entities to be studied and dealt with in separate settings, and we create separate research and service bureaucracies for each problem. The futility and frustrating results of this approach to problems rooted in the fabric of society are well known: the problems tend to persist while the bureaucracies which study and treat them keep growing.

Another shortcoming of many research projects on violence is the tendency to disregard its multi-dimensional dynamics and to design investigations around single dimensions such as psychological, biological-genetic, etc. Such designs lead inevitably to misleading findings which reflect the academic discipline of investigators rather than the nature of phenomena under study. This design problem too is not unique to research on violence. Uni-dimensionality is intrinsic to the prevailing departmental organization of universities, to the division of labor of the "knowledge industry," and to the resulting vested interests and myopic perspectives of competing segments within that industry. The most frequently explored dimensions in studies of violence and of social problems in general in the United States are attributes of individuals. This tendency has system-maintaining consequences as it reinforces the prevailing notion that social problems including violence result from attributes of individuals rather than from societal forces and reactions of individuals to these forces--a clear instance of blaming victims and absolving society.

One more shortcoming related to the foregoing tendencies and to the basic conceptions and hypotheses of researchers, is treating the prevailing societal context as a "constant," rather than as a cluster of "variables" when designing demonstration projects aimed at reducing and preventing the incidence of violence. Demonstration projects involve the design of experimental settings in which selected variables are modified systematically in order to achieve desired outcomes. The success of demonstration research depends, obviously, on the validity of the chosen experimental variables in terms of hypothesized outcomes. Current demonstration projects aimed at preventing violence tend to use individual rather than societal factors as experimental variables. Based on the conception of violence I have presented here, I suggest that such projects are unlikely to reduce violence significantly, unless societal factors are used as experimental variables, and are modified in accordance with hypothesized requirements of optimum human development.

4. Suggestions to Ameliorate Deficiences in Research on Violence

Based on the foregoing critique I would suggest that research and demonstration projects should be derived from clearly articulated conceptions and hypotheses concerning the sources and dynamics of violence, and should explore processes of interaction between structural and personal violence, rather than fragments isolated from that context. This requires that research should be multi-disciplinary in order to transcend the single dimensions of separate academic disciplines, none of which can adequately interpret and deal with the multi-dimensional reality of violence. Finally, researchers should overcome the tendency to view the prevailing social order as constant and should experimentally modify societal variables in directions expected to eliminate structural violence and to enhance conditions for the free and full unfolding of everyone's inherent potential. Such experiments, I submit, are likely to reveal effective approaches to primary prevention of personal violence and other destructive reactions to structural violence such as crime, addictions, alienation, suicide, mental and physical ill-health, etc.

Mr. Chairman, Members of the Subcommittee, thank you again for the opportunity to present to you my views on societal and domestic violence, and on research aimed at overcoming violence.

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STATEMENT OF DAVID G. GIL, PROFESSOR OF SOCIAL POLICY, THE FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE, BRANDEIS UNIVERSITY

Dr. GIL. Thank you, Mr. Chairman, for giving me the opportunity to discuss some issues concerning violence.

I would like to talk about a somewhat different dimension of the problem, because my interest has been consistently in the social sources of violence, be it child abuse, be it abuse between spouses, or other forms of violent behavior.

It has been mentioned throughout the morning that there are social factors, economic factors, and so forth, and it seems to me important to be specific about what these factors really are.

In my view, individual violence, we usually talk about, is really a symptom. Our research addresses the symptom, and our intervention, addresses the symptom. Now, I think we have to address symptoms. When I have a fever, I take an aspirin to take care of that. But what is equally important, and usually gets neglected, is to try to look at the deeper causes that consistently produce violent outcomes. We really have what one may call "societal violence," "structural violence," that's built into our lives and gets often expressed in the home. It is also reflected in mental illness, in crime, and so forth. I define violence in a more general way as any condition or any act that inhibits the development of people, the unfolding of human potential.

Now, this is a global definition, but it seems to me we have to start from such a global level if we want to engage in primary prevention of violence.

Obstructions to human development can happen on many levels. It can happen on the individual level, between people hurting one another. It can happen in institutions like schools, or businesses, whose policies or practices may interfer with the needs of people to develop. Finally, it may happen on a social level or political level where politics we sanction as a society result in conditions that obstruct the development of people and that cause biological, psychological and social needs of members of our society to remain unfulfilled.

I view this all as a continuum, and we have to look at the whole and to understand why it happens.

Structural violence prevails when policies concerning the way people work, concerning the way rights are distributed, and concerning the way resources are managed, result in enormous deprivation and stress and waste of human potential within the society. When we examine the way we work, ,we find that most people are not supposed to ues their heads when working; they're supposed to use only their hands; and even when they use their hands, they produce only a little piece, not a total product of which they can be proud. Now, this is one illustration of structural conditions that cause human waste, that cause obseructions to the full development of human potential.

We know that in our country most people have mental capacities, physical capacities, emotional capacities to be creative and productive, but the way we expect them to work these capacities, these talents, this wealth of resources is lost.

When we look at our schools, this is where this process starts because the schools, in a sense, segregate us into those who will eventually use their heads and those who will not. It's not that schools do this intentionally, or on purpose, but schools always have to prepare children for the work life that's available, and since the work life is structured in a manner that doesn't require the full capacity of children, the schools do not prepare them; the children feel not motivated to develop because when they look where they're going, when they look at their neighbors or what their parents do, they see severe limits built into their life prospects.

These things may seem remote from violence in families, the subject we are addressing; but work alienation and tensions that result from work alienation get carried over into the family, and we have to look at this factor which is behind intra-family violence.

Mr. SCHEUER. You mean the factor of work alienation?

Dr. GIL. Yes. I find that the factor of work alienation is one of the most destructive components of our existence.

Mr. SCHEUER. What do you mean specifically by work alienation? Just briefly. Because basically our problem here is not work alienation. It's intra-family violence.

Dr. GIL. Yes. And the linkage with social forces.

Mr. SCHEUER. Yes.

Dr. GIL. The linkage could be work alienation in what happens to the family, and I'll address this. Work alienation is a feeling at work of not being a fully functioning and satisfied human being. HEW did a study, "Work in America," which pointed out in great detail how this phenomenon is found not just on the assembly line, but also in office work and in executive suites; it's all over; and it is related probably to the exploiting and competitive dynamics, to the hierarchial structures, to the fact that people don't determine what they are doing because always someone else up there does.

Mr. SHEUER. Professor Gil, let me just interrupt you.

What you have described I'm sure is a problem, but it's not going to be solved in my lifetime, in your lifetime, or in the foreseeable future. There is no society on earth that has solved that problem. It's in the basic nature of things, apparently, for a lot of jobs to be defined and supervised by people other than the people who are filling those jobs.

Now it may be that in some kind of nirvana we will have a society where everybody defines their own jobs and everybody supervises themselves and where there's no accountability; where all the jobs are pleasant, creative and very satisfying, and where there's no drudgery connected with any job. We certainly haven't arrived at that point, in terms of the job description of a Congressman. I can assure you of that. Maybe sometime in the future all jobs will be pleasant, rewarding, satisfying, tension-free, anxiety-free. In the meantime we are faced with a condition, and not a theory, as President Grover Cleveland said about a hundred years ago, and to talk about the fact that our society isn't perfect, to me, is a cop-out.

You're not going to solve it; I'm not going to solve it; this Congress isn't going to solve it; in the next century we won't solve it; and even if we get closer, expectations will get higher, and things that we don't consider now sources of frustration will then be considered sources of frustration because expectations always outlive in our society our ability to deliver.

I would like you, if you can, to tell us what we can do in the here and now, because we are faced with a condition and not a theory. What should the Federal role be? What have we learned about intra-family violence that we can do something about? In what direction do we need more knowledge? In what directions can we improve the capability of the great conjuries of social work oriented agencies: The home, the church, the schools, the YMCA's, the churches and the synagogues? How can we improve their ability to help families cope with the admitted strains, anxieties and frustrations that are in our society? We have simply got to learn to cope with them in a way that short-circuits or de-fuses the expression of all of these frustrations in explosions of violence within the family. That is our challenge; not simply saying that we haven't achieved perfection in our society.

I would like you to address yourself to the problems that we face as Government officials, whether elected officials or appointed officials. What can we do with the condition that confronts us now?

Dr. Gil. It would seem to me, Mr. Chairman, that you're absolutely right. We cannot all at once resolve our underlying problems. It is still important for us, first of all, to admit them and to be aware of them.

Mr. Scheuer. Of course.

Dr. Gil. And to test whether it is true; and here is something I want to say on the direction of possible research: We certainly have to intervene and to protect people when they are hurt. This goes without saying. We do not want to extend suffering. We want to eliminate it. Hence, I support many activities such as counseling, medical intervention, and so forth, which we are used to doing. But we very often stop with that, the thrust of my comments is that we must go beyond that, we must examine to what extent intra-family violence is reduced if we modify some of the major sources such as the work situation; will this have the desired, anticipated effect on families. We need a coherent theory of violence from which to derive our questions for research and from which to design demonstration projects.

It would be possible to design demonstrations, perhaps in one or two communities, to test some of the hypothesized linkages between the way people work and violent behaviors in the family.

Mr. Scheuer. I'm perfectly willing to concede that frustrations and anxieties on the job, and alienation produced by the job, take its toll on the home. I wouldn't frankly feel that you'd get a very great deal of support in Congress for doing research on something that's transparently self-evident to any thinking human being—that anxieties, frustrations, unfairness, inequities, harshnes, and abuse on the job must take its toll in the home. I think we can assume that as a given.

Dr. Gil. Can we do somethink about it, sir?

Mr. Scheuer. Yes. There are people who are trying to improve situations on the job. Lots of jobs have been redesigned over the years to eliminate the very things that you're talking about, or at least to reduce them, and there have been many kinds of experiments.

Certainly, unions are making decisions in areas now that they wouldn't have dreamed of even asking to negotiate a generation ago.

In New York City, there is an incredible complex of work restrictions that the unions have negotiated, which, from their point of view, presumably makes life more pleasant and more tolerable, and reduces the anxieties and the tensions on the job. But here we have comparatively limited resources to work with and we're trying to focus on something that has not been focused upon before, intra-family violence.

Let's just assume that all of those anxieties, pressures, and tensions outside of the home take their toll on intra-family relationships. We still have to face up in this Congress to what society can do, as I said, to de-fuse and to better understand those tensions and help people cope with them. Hopefully, we'll reduce these tensions.

We are going to have to adjourn soon because the House is now in session, but if you have any final words, we would like to hear them.

Mr. Steers. Mr. Chairman, let me interject, if I may?

Even before you get to the question of work frustration, on page 7 I notice that you speak of the problem really arising out of the primacy of the profit motive. I don't pretend that the profit motive is the perfect answer, but I just want to verify: Are you against the free enterprise system?

Dr. Gil. No, sir, I'm not. I am for the free enterprise system, so that everyone should be free to engage in enterprise. At the moment we have a forced enterprise system.

Mr. Steers. When I say "the free enterprise system," I think it's ordinarily defined to mean that the profit motive is operating throughout the system.

Are you against the profit motive?

Dr. Gil. I am against the profit motive the way we practice it because it's a profit motive for a very small minority of our society. I would be for a profit motive that profits everyone in the same manner.

Mr. Steers. I think that's a new definition of profit motive.

Let me point out to you: You say: "intrinsic human needs will not be met when meeting them is not profitable * * *" and I suppose that can be accepted. On the other hand, it can also be stated, that, generally speaking, meeting intrinsic human needs is profitable, and I think that's the main thrust of our entire industrial system in the United States.

I think you have a perfect right to adopt any political system or any economic system that you want—but I just want to clarify that to me what you have outlined here is a statement and what you've stated here is, it seems to me, that our entire economic system is the cause of work frustration and that, in turn, is the cause, or is associated with violence. Therefore, in order to get rid of family violence we're going to have to reconstruct our economic system in a very fundamental way, whether you call it a destruction of free enterprise or not.

Dr. Gil. You've certainly correctly interpreted my conclusions. My understanding is that our industrial system is not meeting human needs. The assumption is often made that if every enterprise does its best to maximize its profits then as a byproduct, needs will be fulfilled. The fact is, however, that needs are not being fulfilled, as evidenced by the enormous rate of poverty and frustration; so obviously the system does not work right and requires adjustments.

Mr. **Steers.** What is the name of the economic system that you think we ought to go toward?

Dr. **Gil.** I would prefer to avoid any labels because that creates problems. I don't think that labels of systems such as Communist or socialist or free enterprise or capitalist, are important. What is important is to examine whether the basic functions of a social system satisfy the full needs of its members and facilitate their full development.

Mr. **Scheuer.** What society would you suggest that's doing that a great deal better than our society?

Dr. **Gil.** I would say that the native Americans who were here before the white people came were much more successful in doing this. Many native tribes in Africa seem to have solved these problems more adequately than we have, and they have developed.

Mr. **Scheuer.** I suppose there are no societies on earth where the status of women is more demanding and where women are abused more as chattels and child breeders than the traditional tribal society in Africa.

Dr. **Gil.** I would agree with you, sir.

Mr. **Scheuer.** One-half of that population is systematically demeaned, degraded, and physically abused.

Dr. **Gil.** In some tribes; not all.

Mr. **Scheuer.** I'm looking for a model. Is there any country that we should look at that has solved this problem?

Dr. **Gil.** I'm not aware of any that has solved all these problems.

Mr. **Scheuer.** What countries have come closest?

Dr. **Gil.** It would seem to me that some attempts in China move in that direction. There are great problems there. Some attempts in the collective settlements in Israel moved in that direction. I lived in a kibbutz, and I know that they are much closer to this than many other parties are.

But to me the issue is not who is doing things in a proper manner, but how can we, in our society, move in that direction? Even if nobody could do it, with our capacities, our intellectual and emotional capacities, with our technology and our science, we could move constantly forward in that direction, rather than saying that "Nobody else is doing it; we don't do it either." We have enormous scientific and material resources, and we have an enormous rate of poverty.

You quoted figures that the incidence of killings among us is higher than in a good many other places; that the incidence of infant mortality is higher with us than in many other places. This is due to structural violence, sir, and I say it's unnecessary, and I think we have to address these issues along with trying to intervene on the day-to-day basis when people suffer from violence in their homes.

Mr. **Scheuer.** This is no time for us to get into a long discussion of the Chinese society. I'll give the Chinese tremendous credit for having achieved tremendous breakthroughs in terms of delivering goods, services, adequate food nutrition, and a certain kind of education to their people. But if you think that the Chinese society is based on the principle of the freedom and the integrity of the individual to organize his own life and direct his own life, I think we'd have a great deal of difference between us.

Dr. **Gil**. I didn't say that. I think it's up to the Chinese to worry about their problems and it's up to us to worry about our problems.

Mr. **Scheuer**. But you're telling me that we don't have free enterprise, that we have forced enterprise.

Dr. **Gil**. Yes, we do.

Mr. **Scheuer**. If there's any place on earth where forced enterprise is structured into the system, it's the Chinese society.

Dr. **Gil**. That's probably right. That's not the model I advocate, sir.

Mr. **Scheuer**. Jim, do you have a question?

Mr. **Gallagher**. Yes. One question, please.

Mr. **Scheuer**. Dr. Gil, Jim Gallagher of our minority staff.

Mr. **Gallagher**. You mention on page 24: "*** a clear instance of blaming victims and absolving society."

But don't you concur that in many instances the victims themselves are blameworthy? Young couples that try to stay up with the Joneses. I'm speaking now of the economic factor. They make an adequate income but it becomes inadequate by the way they spend their money. The husband buys an $8,000 imported car when he could buy a good used car. The wife wants a new washing machine when the old one would do. In other words, together they're running up bills and contributing to the enormous, collective debt created by the credit card problem that we have today. This leads to financial problems within the family.

I live in a modest suburb, and there are these sort of problems; the marital fights, some of them physical, that result because of the economic factor, money factors that are brought on by couples themselves and their lack of family financial discipline in the accounting of their own household budget.

Dr. **Gil**. Sir, you are absolutely right that people make great mistakes, but they never make them in isolation. They make these mistakes in the socielal context in which their value semerge and their consciousness is developed. The desire for a new washing machine is the result of advertising for more and better things. It's also the result of built-in obsolescence into the old washing machine, which increases the profit of the producer of that old washing machine when it breaks down.

So the issue is not simply to say people do bad things. They do, of course. But the important thing is to see that what people do as individuals, is done in interaction with the social processes within which their values, their consciousness, and their behavior emerges.

What I am critical of is that we look at the last link in the chain and we say people are irresponsible; they don't manage their incomes right. Of course some don't. But they are functioning within a social system that constantly encourages them to consume more: "Go buy, go buy," and that too is a result of other forces, a result of the total economic system.

Mr. **Gallagher**. Granted. But we can't relieve them of the use of their own critical faculties in keeping their own perspectives in order.

If they have an extremely materialistic outlook they're bound to run into problems.

Dr. Gil. Well, they grew up in that society which shaped their consciousness. They weren't born with a materialistic outlook. If the same people were born in an entirely different society they would act differently and would develop a different outlook.

I'm certainly not suggesting that you and I are not able to originate and to initiate thoughts and behavior, but all our thinking and all our initiating reflect from our total human development in a particular family, in a particular neighborhood, in a particular country, and the particular values and communications that we encounter. The error, in my view, is to separate one from the other. We must consider the interaction.

Mr. Scheuer. Professor, you mentioned that we have in this country a system not of free enterprise but of forced enterprise. Can you tell us very briefly what you meant by that?

Dr. Gil. Free enterprise, to illustrate means you own a piece of land, you have a plow, you have the seed, and you raise your food. This is free enterprise.

Mr. Scheuer. That's absolutely absurd. In a country of 200 million, where two-thirds of us live in urbanized areas, where two-thirds or three-quarters of us by 1980 will live in the SMSA, Standard Metropolitan Statistical Areas, how can you conceive that each one of us should have a plow and a piece of land?

Dr. Gil. I didn't suggest this. I gave you one illustration of free enterprise, the principle of free enterprise.

Mr. Scheuer. That has no relevance in today's world, Dr. Gil.

Dr. Gil. The principles are relevant.

Mr. Scheuer. What did you mean by saying that we do not have a system of free enterprise, that we have a system of forced enterprise?

Dr. Gil. A system of forced enterprise means that the people who work do not own the materials and the resources with which they work. They depend on those who own these things to get a position of work.

Let me say again I lived in a collective settlement. We owned our factories. We owned our land. We ran our work, and we decided ourselves how we were going to do it.

Mr. Scheuer. Dr. Gil, I've visited kibbutzes. I've stayed overnight in a few kibbutzes; 95 percent of the Israeli people have rejected the kibbutz as their preferred way of life.

Dr. Gil. People make the choices they want to.

Mr. Scheuer. Do you know any other industrial society where the people own the machines with which they work?

Dr. Gil. No, because in most industrial societies, or in all, most people have been expropriated, and hence, they do not own them; that's why I say they are forced to participate in enterprises for the profit of others. That's both sides of the picture.

Mr. Scheuer. Do you feel that people in our society should have the right not to work? Should they have the right to leisure, and be supported by society?

Dr. GIL. I think people should have the right to work and benefit from the work they do, rather than that others should benefit from the work they do, primarily.

Mr. SCHEUER. Do you feel that there's a basic inconsistency to people having jobs for which they're compensated and benefited, and also the fact that their work is of profit to the groups who have made the capital investment and provided the capital formation by which workers can be productive and, therefore, earn good salaries?

Dr. GIL. Sir, the problem is that the capital they provide is essentially stolen. It has been expropriated from the people. The minority owns it, and has taken it away from the people. We expropriated the native Americans by driving them onto reservations or killing them. We took their lands. And we continued that process systematically by exploiting slaves and wage laborers. The result is that today less than 5 percent of our population own perhaps 90 percent of our productive resources and the rest of us depend for our living on being employed by those who own. This is not free, but forced enterprise.

Mr. SCHEUER. You're saying that 5 percent of our population own 90 percent of our resources?

Dr. GIL. Of the productive resources. Perhaps it is less than 5 percent.

Mr. SCHEUER. I would question that figure. I don't have that at my fingertips.

Dr. GIL. Well, the latest figure I have is that 72.7 percent of corporate stock—and that's in The New York Times of July 30, 1976 is owned by 6 percent of the population. So the concentration is enormous.

Mr. SCHEUER. We thank you for coming and being with us. We just had the bells for a roll call vote. So we'll adjourn this hearing, and we'll commence tomorrow morning at 10 o'clock with the second day of hearings on family violence.

[Whereupon, at 12:20 p.m., the subcommittee adjourned, to reconvene at 10 a.m., on Wednesday, February 15, 1978.]

RESEARCH INTO VIOLENT BEHAVIOR: DOMESTIC VIOLENCE

WEDNESDAY, FEBRUARY 15, 1978

House of Representatives,
Committee on Science and Technology,
Subcommittee on Domestic and International
Scientific Planning, Analysis and Cooperation,
Washington, D.C.

The subcommittee met at 10:30 a.m., pursuant to call, in room 2228, Dirksen Senate Office Building, Hon. James H. Scheuer, chairman of the subcommittee, presiding.

Present: Reperesentative Scheuer and Pursell.

Staff members present: Jonah Shackmai, Leslie Loflin, and Jim Gallagher, technical consultant.

Mr. Scheuer. The second day of hearings on research into violent behavior within the family will come to order. This is the Subcommittee of the Committee on Science and Technology known as DISPAC, Domestic and International Scientific Planning, Analysis and Cooperation.

We are going to ask the five witnesses to come up to the table, and we will hear you en banc. We will make it nice and informal. Our witnesses this morning are Dr. Lenore Walker, assistant professor of psychology, Colorado Women's College; Dr. Suzanne Steinmetz, assistant professor of individual and family studies of the University of Deleware, Ms. Marjory Fields, Brooklyn Legal Services, Brooklyn, N.Y., Dr. Tobey Myers, Texas Research Institute of Mental Science, Houston, Tex. and Dr. Anne Flitcraft, postdoctoral fellow, Center for Health Service Research, Yale University.

What we would like to do is have your statements printed in full at this point in the record, and then we would like to just chat informally and have you talk to us as if we were in the living room together, and then we will have some questions for you.

Mr. Scheuer. We will start out with Dr. Lenore Walker, assistant professor of psychology, Colorado Women's College. We are glad to have you. The floor is yours.

[The prepared statement of Dr. Lenore Walker is as follows:]

TESTIMONY TO CONGRESSIONAL COMMITTEE ON SCIENCE AND TECHNOLOGY
SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL SCIENTIFIC PLANNING,
ANALYSIS AND COOPERATION

TREATMENT ALTERNATIVES FOR BATTERED SPOUSES

Lenore E. Walker, Ed.D.

Chairperson and Associate
Professor of Psychology

Colorado Women's College

February 15, 1978

It has become clear that despite most people's desire to live in a peaceful family, that is a goal never reached by most. Although the history of spouse abuse is ancient, it has not been adequately studied. Even today, with all the national interest in battered women, men, children and other family members, governmental agencies concerned with allocating research funds have not specifically designated domestic violence research as top priority. Nor have monies to develop adequate treatment programs been widely dispersed. Spouse abuse has been considered an acceptable resolution to marital disagreement as long as the violence is confined to the home. Talking about such assaults, and reporting it to the police or others in the helping professions has been a taboo until the women's movement, using the technique of consciousness raising groups, was able to get women to share the pain and terror of living day by day in terror. Once battered women, who have typically lived in isolation, began to realise that they were not alone in their fear of being harmed by their men, they began to talk and from them I have learned what I share with you today. I am convinced that although we talk about spouse abuse, in 99 out of 100 situations, we are really talking about battered women. While it is no doubt true that some small percentage of men are being beaten by their women, the incidence, frequency and severity is nowhere near the magnitude of the societal problem of wife abuse. I shall try to describe how this is so as I discuss my research and treatment in this area. I include published accounts of this research as part of my testimony and attach them to this report.

In early 1975, when I was a practicing psychologist on the faculty of Rutgers Medical School in New Jersey several of my clients began to report physical and psychological abuse by the men with whom they had intimate relationships. With a feminist psychotherapeutic approach, these women were able to stop being a victim of such assault. These early cases stimulated my curiosity and I began to ask my colleagues on the medical school and psychology faculties if they were also seeing women patients who were reporting similarpsychological or physical abuse by their male partners. Slowly, these colleagues and my feminist network began to recognize and refer other such women to me so that I could interview them. When I moved to Denver, Colorado in late 1975 I continued my research. I began the round of government funding agencies to support this work and was unable to find funding despite writing grants until this January 1978. Thus, with my own money and the support of my college I have pursued my study of battered women so that to date I have interview 120 women in depth and about 300 more and their helpers in less detailed format. In 1976 I traveled to England and through efforts by several members of congress, I was given courtesies by the Commonwealth Office of Information as a special American guest and scientist. I met with Members of Parliament on the Select Committee on Violence in Marriage which held hearings such as this Committee and the recent U S Commission on Civil Rights Hearings held on January 30 and 31, 1978, which I also request become part of this testimony. I visited refuges (as they call our shelters or safe-houses) for battered women and their children throughout England and when I returned to this country have helped encourage their establishment in every major city or town. The availability of such shelters is not a panacea but will stimulate development of other kinds of treatment programs while providing immediate safety for vicitims of domestic violence. I have lobbied for legislative change, assisted in development of shelters, and testified in many trials where battered women were defendents for killing or seriously harming their battering mates in self defense. I have developed mental health techniques that are useful for mental health professionals to use in working with battered women and then began training others in using them. My husband, Dr. Morton Flax, also a psychologist, and I have developed a technique for treating couples which is successful in reducing severity and frequency of their violent episodes. And together we have tried to develop programs for working with the offenders - the area which proves to be most resistive to successful intervention.

Development of treatment alternatives is definitely hampered by a paucity of data describing the men and women who live in violence. While

I applaud the efforts of Straus and his colleagues in describing incidence levels of violence from a cross section of families for whom violence is a way of life, his data is not useful for treatment efforts. We get lost in arguing over how many men and how many women are harmed rather than stressing our need to know what the characteristics are of violent men and women and clinical research to learn the efficacy of already established treatment programs. Straus estimates that as many as 50% of the population lives in violence and my data supports this estimate. The National Center for Child Abuse and Neglect estimates that when abused children live in a home where their parents fight violently, 70% of the men in that home abuse their children, too. This is contrasted with 40% of male child abusers in cases where there is no documented spouse abuse. My data confirms that a large number of men who abuse their women also beat their children. And furthermore, according to the women I've interviewed, men who abuse their women have been abused or neglected as children.

I am certain that living in a home where their father abuses their mother is a most insidious form of child abuse in itself. Thus, spouse abuse is probably very related to child abuse, probably especially for the men. Interestingly, this does not seem to have such a generational effect for the women victims in about 80% of the cases. Instead, they report that they were raised according to sex role stereotypes that resulted in socializing them to believing that they were helpless to control their lives. These data suggest that such sex role stereotyping in childhood is a major factor in determining the power relationships between men and women which allows battering behavior to take place. Although I fully agree that when you discipline your children by hitting them you also teach them that the person who loves them has the right to hurt them in order to teach them a lesson, I also believe that the lessons little girls learn to be nurturing, compliant, and a good little passive wife and the lessons little boys learn to be strong, aggressive and the husband in charge equally set the stage upon which later violence gets played out.

There is much to be learned from the stories of these battered women. From this research I have developed a psychological rationale for why the battered woman becomes a victim, how the process of victimization further entraps her and how the psychological paralysis which prevents her from leaving the relationship results. This psychological paralysis is the construct of "learned helplessness" which I report in detail in a scientific article that is attached to this report. The maintenance of violent behavior, once it occurs, also became an imperative question in this research. While I knew it did not continue because either the men or women liked it, the old masochistic myth, the specifics of why a woman stayed in the relationship needed response. Discovery of the cycle theory of violence, which demonstrates that there are loving periods in such relationships too which bind eachother, came through deduction from the empirical evidence. Further examination of empirical data is urgently needed in this area.

In my research, I have attempted to look at the battered women as victims of battering behavior rather than the cause of the violence. The stories the women have told make it imperative that we understand this victimization process if we are to apply adequate psychotherapy and counseling techniques. Ryan in his book Blaming the Victim, originally applied the concept of blaming the victim to those experiencing racial discrimination. In his book, he discussed how such prejudicial attitudes affected both the perpetrator and the victim of discrimination. Such stereotypes prevent those who hold them from dealing adequately with the issues. They serve to maintain the status quo and prevent the kind of open dialogue necessary to eliminate racial prejudice. They also keep the victim in a carefully delineated role bounded by the stereotypical myths and allow the bigots to avoid changing their misconceptions.

So too for all the women who have been victims of violence committed by men against them, individually or collectively. By perpetuating the belief that it is rational to blame the victim for her abuse, we ultimately excuse the men for the crime. This goes deeper than violence in general but specifically affects violence against women. Society has permitted such prejudicial myths to exist in seven areas of violence against women, according to research being conducted at the University of Colorado by Dr. Margie Leidig. These seven areas are: 1) battered women, 2) rape, 3) girl child incest, 4) pornography, 5) prostitution, 6) sexual harrassment on the job, and 7) sexual harrassment between client and pro

Del Martin (1976) presents detailed evidence on how a sexist society actually facilitates if not encourages women to be beaten. Police, courts, hospitals, and social services all refuse to provide them protection. Even we, as psychologists, have learned to keep the family together at all costs - even when the individual's mental health or life is at stake. Many of the battered women interviewed told of psychiatric hospitalization and treatment for diagnoses other than a generalized stress reaction from constantly being abused.

The interviews with over 120 battered women and several hundred others and their helpers indicated that many of the myths associated with battered women simply were not true. Most important, women do not like being beaten, they are not masochistic, and they do not leave because of complex psycho-social reasons. Many stay because of economics, dependency, children, terror, fears, and often they have no safe place to go. Their victimization often provides them with compelling psychological factors which bind them to their symbiotic relationships. Both the men and the women are frightened that they cannot survive alone.

One of the major social learning theories that can be applied to the psychological rationale for why the battered women become victims and how the process of victimization further entraps her is called learned helplessness. Psychologist, Martin Seligman (1974) first hypothesized that dogs who were subjected to non-contingent negative reinforcement could learn that their voluntary behavior had no effect on controlling what happened to them. If such an aversive stimulus were repeated, the dog's motivation to respond would be lessened. Furthermore, even if the dog should later perceive the connection between its voluntary response and the cessation of the shock, the motivational deficit will remain. The dog's emotional state would be depressed with anxiety occurring as a result. Within the last several years the theory of learned helplessness has also been tested with human subjects and found to be equally applicable. It is a useful theoretical construct from which to understand the cognitive, emotional and motivational deficits as frequently observed and reported by battered women. The psychological paralysis that maintains the victim status of a battered woman is consistent with the theory. Battered women can relearn the response-outcome contingencies by directly experiencing a sense of power and control over those events which are judged under her voluntary and independent control (Walker, submitted for publication). Probably the most important one is to learn which events are under her voluntary and independent control so to analyze what occurs in battering relationships.

After analyzing the 120 battered women's versions of their battering relationships and using some batterers and others involved in working with such violence for comparisons, a cycle theory of battering has been isolated. Rather than constant or random occurrences of battering, there is a definite cycle which is repeated over a period of time. This cycle appears to have three distinct phases which vary in time and intensity both within the same couple and between different couples. The three phases are: the tension building phase, the explosion or acute battering incident, and the calm, loving respite. So far, it has been difficult to discover how long a couple will remain in any one phase. Predicting the length of any one cycle is also not yet possible. There is evidence that situational events can influence the timing. Relationships that have lasted 20 or more years indicate several different cycle patterns corresponding to different stages of life. There is also evidence that some interventions are more successful if they occur at one phase rather than another. The available data is still too limited to make any conclusions, but trends suggest the desirability of further investigation(Walker, in press).

Phase one, or the tension building phase, is described as one in which the tension begins to rise and the woman can sense the man becoming somewhat edgy and more prone to react negatively to frustrations. There can be little episodes of violence which are quickly covered. He may begin to lash out at her for some real or imagined wrongdoing and quickly appologize or become docile again. Many women have learned to catch these little outbursts and attempt to calm down the batterer through the use of techniques that have had previous success. She may become nurturing, compliant and anticipate his every whim; or, she may stay out of his way. She lets the batterer know she accepts his abusiveness as legitimately directed towards her. She believes that what she does will prevent his anger from escalating. If she does her job well, then the incident will be over; if he explodes, then she assumes the guilt. In order for her to maintain this role, the battered woman must not permit herself to get angry with the batterer. She denies her anger at unjustly being psychologically or physically abused. She reasons that perhaps she did deserve the abuse and often identifies with her aggressor's faulty reasoning. And this works for a while to postpone the second phase or acute battering incident.

Women who have been battered over a period of time know that these minor battering incidents will get worse. However, to help themselves cope, they deny this knowledge. They also deny their terror of the inevitable second phase by attempting to believe that they have some control over the batterer's behavior. During the initial stages of this first phase, they do indeed have some limited control. As the tension builds, they rapidly lose this control. Each time a minor battering incident occurs there are residual tension building effects. Her anger steadily increases even though she may not recognize nor express it. He is aware of the inappropriateness of his behavior even if he does not acknowledge it. He becomes more fearful that she may leave him which is reinforced by her further withdrawal from him in the hopes of not setting off the impending explosion. He becomes more oppressive, jealous, and possessive in the hopes his brutality and threats will keep her captive. Often, it does.

As the batterer and battered woman sense the escalating tension, it becomes more difficult for their coping mechanisms to continue to work. Each becomes more frantic. The man increases his possessive smothering and brutality. Psychological humiliation becomes more barbed and battering incidents become more frequent and last longer. The battered woman is unable to restore the equiblibrium. She is less able to psychologically defend against the pain and hurt. The psychological torture is reportedly the most difficult for het to handle. She usually withdraws further from him which causes him to move more oppressively towards her. There is a point towards the end of the tension building phase where the process ceases to respond to any controls. Once this point of inevitability is reached, the next phase, the acute battering incident, will occur. Sometimes, the battered woman cannot bear the tension any longer. She knows the explosion is inevitable but does not know how or when it will occur. These women will often provoke an incident. They do not do it in order to be hurt. Rather, they know that they will be abused no matter and would prefer to get the incident over with. Somehow, these few women reason, if they can name the time and place of the explosion, they still have retained some controls. They also know that once the phase two is over, the batterer will move into the third phase of calm, loving behavior. Thus their reward is not the beating as the masochistic myth would have it, but rather a kind loving husband for even a short period of time.

During phase two the batterer fully accepts the fact that his rage is out of control. The battering behavior in phase one is usually meted out. The battering incident in phase two may start out with the man justifying his behavior to himself; however, it usually ends with him not understanding what has happened. In his blind rage, he usually starts out wanting to teach her a lesson and doesn't want to inflict any particular injury on her. He stops only when he feels she has learned her lesson. Most victims report that to fight back in a phase two incident is only to invite more serious violence. Many women, however, have been damming up their anger during phase one and only feel safe letting it out during the second phase. They know that they will be beaten anyway. The women describe the violence that occurs during this period with great detail, almost as if they are disassociated from what is happening to their bodies. The batterers cannot describe the details very well at all.

Phase two is the most violent of the cycle. It is also the shortest. There is a high incidence of police fatalities when intervening at this time. It is important to acknowledge the self propelling nature of the violence during this phase when helpers try to intervene. Since the women report that only the batterer can end this phase, the most important need they have is to find a safe place to hide from him. Why he stops is still unclear. Perhaps he becomes exhausted. Battered women describe incidents which have no ground in reason. It is not uncommon for the batterer to wake the woman from a deep sleep to begin his assault. Although most are severely beaten by the time phase two is over, they are usually grateful for its end. They consider themselves lucky it was not worse, no matter how serious their injuries. They often deny the seriousness of their injuries and refuse to seek immediate medical treatment. Sometimes this is done to appease the batterer and make certain phase two really is finished and not temporarily halted.

The ending of phase two and movement into phase three is welcomed by both parties. Just as brutality is associated with phase two, the third phase is characterized by extremely loving, kind and contrite behavior. It is during this third phase of the cycle that the battered woman's victimization becomes completed. Her man is genuinely sorry for what he has done, even if he does not overtly tell her so, and tries with the same sense of overkill seen in the previous phases, to make it up to her. His worst fear is that she will leave him and he is charming enough to attempt everything to make sure this doesn't happen. He believes he can control himself and he never again will hurt this woman whom he loves. He manages to convince all concerned that this time he really means it - he will give up drinking, dating other women, visiting his mother, reducing the workload on the job, or whatever else affects his internal anxiety state. His sincerity is believable.

The battered woman wants to believe that she will no longer have to suffer abuse. His reasonableness supports her belief that he really can change, as does his loving behavior during this phase. She convinces herself that he can do what he says he wants to do. It is during phase three that the woman gets a glimpse of her original dream of how wonderful love is. This is her reinforcement for staying in the relationship. The traditional notion that people who really love eachother will overcome all kinds of odds against them prevails. She chooses to believe that the behavior she sees during phase three signifies what her man really is like. She identifies the "good" side of this dual personality with the man she loves. The "bad" or brutal side will disappear she hopes.

Since almost all of the rewards of being married or coupled occur during phase three for the woman, this is the time that is the most difficult for her to make a decision to end the relationship. It is also the time during which helpers usually see her. When she resists leaving the marriage and pleads that she really loves him, she bases her reference to the current loving phase rather than the previously painful phases. She hopes that if the other two cycles can be eliminated, the battering behavior will cease and her idealized relationship will magically remain. If she has already been through several cycles previously, the notion she has traded her psychological and physical safety (and maybe that of her children) for this temporary dream state adds to her own self hatred and embarrassment. Her self image withers as she copes with the awareness that she is selling herself for the few moments of phase three kind of loving. She, in effect, becomes an accomplice to her own battering

The length of time that this phase lasts is not yet known. It seems as if it is longer than phase two yet shorter than ohase one. In some cases, it is so brief, it almost defies detection. There does not seem to be any distinct end and before they know it, the minor battering incidents and tension begin to build again and the cycle begins anew.

The implications for treatment alternatives for battered women and their families are profound when social learning theories are adopted as psychological constructs. Behavioral and cognitive changes are encouraged while motivation and emotion are expected to follow. Safety is the number one priority. Killing and being killed are real possibilities. Psychological assistance, however, can make the difference.

RECOMMENDATIONS TO CONGRESS

RESEARCH AND TREATMENT PRIORITIES

I Research Needs

1. Specify the need for existing research funds to be spent on funding evaluation of basic scientific data that pertains to any form of violence in the family. Top priority must be given to learning the clinical descriptors of the victims of domestic violence first - the battered women, men and children. Precipitating factors, pre-existing conditions, and consequences of such violence must be studied. Complex psycho-social factors need to be examined by competent researchers in the field rather than the laboratory. Scientific methodology needs refinement. People perform more complex functions than do animals and our measurement techniques must reflect our sophistication. All government agencies which have research funds should shift some of their monies over to support this kind of research. For example, the National Institute of Health could shift some of the funds earmarked to study heart disease into projects specifically designed to learn how living in the stress of violence may affect the development or progression of heart disease. Monies allocated to study hormones could support a project to determine whether or not the hormones released by the body during stress, particularly in violent episodes, cause further physiological or psychological damage. Or, National Institute of Mental Health could designate funds to study the mental health needs of victims of domestic violence. Alcoholism research could be focused on the influence of alcohol on the commission of assaultive behavior. The National Science Foundation could make available mini grants to assist colleges and universities in training faculty and students in devising ways to study the complex factors involved in domestic violence. Office of Education training grants would stimulate development of competent researchers to deal with designing such complex research projects. Other agencies could do the same. Each agency should be required to submit a list of research projects currently being funded that deal with domestic violence. Such reporting techniques would stimulate their personnel to encourage researchers to develop such proposals. I know it works from my own experience. Without the encouragement and assistance from the people in the NIMH Center for the Study of Crime and Delinquency I would have been too discouraged to continue the maze in finding research funds for my project. This kind of prioritizing would result in already appropriated funds being shifted to study a public problem.

2) New methods of research must be encouraged. Simple laboratory designs with a nice and neat experiment will not satisfy the needs in domestic violence research. Experimental and control groups which match on every variable just cannot be found. This should not be a deterant, however, but a stimulant to be creative. Our newer statistical methods of analysis can control for messy designs. We must encourage funding agencies and their peer review committees to reflect this newer emphasis in social science research. Women researchers, free from previous biases and investment in the status quo must be supported. Feminist research, which looks at data from the women's point of view is needed to offset the years of male oriented data analysis. There have been years of inacurate information about women which has caused untold damage to women by well meaning male scientists who generalized from inadequate sample populations. Our country must utilize and support the talent of well trained young women scientists to create important research projects by asking different questions and then fund those which have the greatest merit. For example, NIMH has appointed a high ranking woman scientist as a special assistant to the Director in charge of encouraging women's research projects throughout the agencies many divisions. This is in addition to her other duties but nevertheless she has been a great asset in encouraging young women to begin the tedious process of conceptualizing ideas and then completing grant applications directed to the appropriate assistants in the agency. Other scientific agencies should be required to have one person designated to encourage women's research projects too.

3) Government agencies should encourage their researchers to begin to analyze the reams of empirical data that groups working with battered women have already gathered. New funds need to be dispersed to provide technical assistance to many of these groups which have capable evaluation specialists working with them but need money and some small amount of expertise to start. Although this is messy data in that it was not gathered in a systematic way, it can shed light on the nature of the problem we are dealing with without waiting for more years of data collection to begin. We must study how victims of violence were able to successfully overcome their battere and break the symbiotic bonds which tie them together. From a practical standpoint we must learn which techniques work and which do not.

The Colorado Association for Aid to Battered Women, a statewide coalition of agencies, organizations, and grassroots people that I was a principal founder of and serve on the Board of Directors has begun to do this kind of research. We utilized the skill of scientists and grant writers in our community in Colorado and successfully competed for an HEW grant contract under Title XX Social Security funds. Our task is to study shelters for victims of domestic violence across the country and delineate different models which successfully provide such services. After identification, we are to develop a way to measure the effectiveness of such safe house and shelters. It is exciting that this contract bid was won by a local organization rather than one of the many consulting companies which make their living studying problems which they have never worked with. Our project staff includes the project director who is a woman with a recent doctorate in psychology, and a research assistant whoc is a woman with a masters degree in psychology and experience conducting evaluation research in a New Mexico community mental health center. I suspect we got the grant because we in our naivite promised too much for too little money and time but some new researchers are being trained and if such small projects were to be funded across the country we would multiply this talent pool.

4) New research projects into the long term effects of sex-role stereotyping need to be funded. While there are lots of small projects being conducted by competent social scientists at various institutions, we need some major research now in this area to learn what kinds of psychological damage is done when sexism is part of the child rearing process.If my theory of learned helplessness and its producing women who are vulnerable to becoming victims of domestic violence is true, then we must reverse sexism first or the violence against women will not cease. Chronological long term studies are needed to support the data gained from the retrospective studies that I have been conducting.

5) We must learn how to measure the psychological effects of spouse abuse in addition to the physical damage. Measuring effects becomes difficult to do since what is cruelty to one person might not even be noticed by another. But the interviews with battered women all reveal that the psychological factors are as great or greater for them to cope with.

In my new NIMH funded research project which is beginning in the Spring 1978, we will, among other things, attempt to define psychological wife beating. We look upon both psychological and physical abuse on a continuum with normal sexism on one end, psychological abuse somewhere in between, and psychological plus physical abuse at the other end. We have been unable to find examples of physical abuse that do not include reports of psychological harm, too. We do not yet know where the line will be drawn on what is normal and what is psychological battering but we will be constantly evaluating as we collect our data. I must tell you that it has been a struggle to get this accepted into our research designby the peer committee who recommended we be funded and only because we added a well known researcher with proven expertise in this area was it finally okayed. Our granting agents must be encouraged not be be too conservative so that they lose the necessary scientific creativity from which sprung the cure of so many of our former problems.

II. TREATMENT NEEDS

1) It is important to establish a total model for conceptualizing treatment needs in domestic violence for it is a complex multi-level psychological, physiological, and social problem. I recommend using a public health model since we are dealing with an epidemiological social problem that affects one out of two families in this country. Three levels of systematic approach are used to develop new services and strengthen existing ones for battered spouses. They are primary prevention, secondary intervention, and tertiary intervention. Under preventive services reeducation of individuals and society as a whole is encouraged and at the same time, consultation and education programs to existing agencies, institutions, and support groups needs to happen, too. Community mental health centers should be doing some of this as part of their legislative mandate. This includes providing appropriate services to established women's groups and shelters. A simple directive from the Regional HEW offices which monitor the community mental health center national network could begin to get this into motion.

2) Secondary intervention programs call for early intervention and include home visits, telephone hot lines, outpatient clinic visits, crisis intervention counseling, legal advice, financial assistance, and dissemination of information. We must remember that battered women are isolated and do not have sources of accurate information in addition

to their fear of seeking out help. Use of the media to get messages across to these people is very powerful. At one time when I was conducting research a Denver newspaper carried an article about my work and I received over 50 calls the next week from women who volunteered to be interviewed. A similar group, some of whom had never told anyone before that they were being abused, called the week following my appearance on an all night radio talk show. These women could only feel safe listening to outside news when their batterers were asleep. Visiting nurse programs, hospital social service departments, and other groups in addition to the women's resourse centers can also provide home visits and crisis counseling. Also well utilized are the Law Enforcement Assistance Agency's Victim Witness Advocacy programs that are funded in various parts of the country. York Street Center in Denver, for which I participated in their advisory board last year, is a good example of such efforts. Unfortunately, they need more skilled counseling supervision or a better linkage with other community mental health agencies for those indigent clients who need more services than they can offer. Women's advocates should be hired by all federally funded counseling centers in order to provide adequate services to victims of violence. Most important training and experience with such women victims is crucial rather than educational credentials. There are sufficient staff members of such centers who already have credentials but there is a paucity of advocates where they could do the most good. The goal is to help to victim leave the situation with the least amount of interference from others. Helpers must take their cue from the woman as to what support she needs in order to make her own decisions and take her own actions.

3) In the tertiary intervention level, the battered woman needs a totally supportive environment temporarily before she can make decisions and act decisively on her own. Safe-houses, immediate hospitalization and long term psychotherapy come in here, by providing such an environment. This is the area where most of the new monies must be appropriated. I am convinced that by supporting a network of safe-houses, run by grassroots and other women oriented groups, an entire spectrum of therapeutic services will develop. There is no doubt that these shelters will need the consultation services of the medical, legal, psychological and criminal justice communities in order to help their clients. They will also need social services and vocational habilitation linkages. This is the most effective way to provide education of those professionals about the nature of domestic violence learned at the shelters themselves. They will teach shelter workers more about their specialties while shelter personnel will teach them what they have learned by working so closely with the problem.

complaints including backaches, headaches, nervous tension, insomnia and others. Rather than over tranquilizing these ailments, doctors need to spend the time to find out whether or not they are victims of domestic violence. So too in psychiatric hospital admissions. The battered women I have interviewed have reported involuntary hospitalization for psychiatric disturbances rather than dealing with the actual problem, the violence committed against them.

Long term psychotherapy needs are also inadequate to meet the problems of domestic violence. Despite recent advances in family psychotherapy techniques, the goal is still to keep relationships together no matter what the cost. And often the cost is the mental health or the very lives of the people involved. Far too many therapists admit treating victims of violence, or even the perpetrators, without ever realizing or dealing with the overt violence. Teaching therapists to recognize the symptoms and then treat them directly is a first priority. Judging by the number of conferences and training sessions I am invited to participate in, I would say that the profession is ready to accept new techniques and methods. I recently attended a special task force within the American Psychological Association which is trying to design minimal competency standards necessary to provide good psychotherapy and counseling with women. Not everyone is trained or suited to be a psychotherapist to the men, women or children of violence. Selection of the best therapist, when therapy is indicated, is still an imperfect process. I have outlined the feminist oriented psychotherapy offered individually and in groups that has been successful so far. For the men, groups seem to be most useful too. One Veteran's Administration Hospital is experimenting with an inpatient unit for the offenders. The treatment of choice for violent couples is to leave the relationship. To do this it is first necessary to break the symbiotic dependency bonds between couples by strengthening their individual identity and self-esteem. Teaching violent couples fair fighting techniques is absurd. They know how to fight well enough. What they need to learn is how to control their anger and their behavior. I applaud the need for assertiveness training for both. My husband, Dr. Morton Flax, also a psychologist, and I have been experimenting with a new type of couples therapy which has had some success in reducing the frequency and severity of such violence. More experimentation in this kind of work. Although therapeutic techniques are still experimental, psychotherapists report exciting results. One significant change is that batterers who attend group therapy sessions are less likely to become depressed, homicidal, suicidal.

or psychotic during treatment even though their wounds may [illegible]. The goal of therapy with battered women and batterers is to promote interdependence so that each can begin new or different relationships free of the violence under which they have been living. Good psychotherapy can help people reach this goal.

4) New regional centers need to be established and funded that will provide technical assistance to local groups who want to provide shelters and other services to these families in violence. Each technical assistance offices need to be staffed by people who have had direct experience in providing services to these families. A career ladder approach from the women in the National Coalition many of whom have had four years experience in providing services to the women victims and their children would be the most beneficial group to train and promote. It is not recommended that these centers be tied into the current regional HEW offices as they are too riddled with over educated bureaucrats who have not used their skills or resources to provide adequate services to date. We have only to look at the rape money fiasco to understand that women's programs that are innovative and meet the needs of the people to be served need a center of their own to administer the programs and monies. While the existing community mental health centers were given the monies to provide rape crisis and prevention services in their communities, they are low priority in even the best of the CMHCs across the country. And furthermore, the paraprofessional women trained to deliver good services were not hired by these CMHCs and were replaced by credentialed therapists who knew nothing about delivering such services. This cannot be permitted to happen to these centers and people already providing good services.

5) We need to develop new training programs for psychotherapy with women. I am chair of a special task force within a division of the American Psychological Association that is to develop curriculum for training therapists in techniques needed for working with women. We hope to develop curriculum modules that can be integrated into already existing psychology training programs. While we have the psychologists willing to work on this project during this summer of 1978, we are having difficulty in finding someone to financially support a necessary conference which involves approximately $5000. Yet this kind of resocialization of already established professionals is essential as is the need for changing the existing graduate training curriculum to reflect newer thinking and skills. There is a body of evidence that indicates there are major psychological consequences of sexual inequality in psychotherapy. I attach a copy of the report by the women's subpanel on the presidential commission on mental health

6) Collaboration between lawyers and psychotherapists needs study. New joint training efforts would be useful as I have learned from my own experience. Lawyers, judges and my psychotherapy colleagues must not leave it all to mental health to cure the offenders. We do not have the knowledge yet. Many of those who commit violence need to suffer the consequences of their criminal acts. For some who commit the most heinous of crimes, no one knows how to cure. Neither our prisons nor our psychiatric facilities suffice but as imperfect as they are we must learn when to use each. I estimate that over 80% of all offenders do not commit any other crime other than beating their wives. I wonder how many of these men would cease such harrassment if they knew they stood to lose their homes, children, women and freedom while in jail. At the last meeting of the American Psychological Association in August 1977 Marjory Fields, an attorney who will also testify before you today presented with me some ways lawyers and psychologists could collaborate. Her presentation was extremely well received and requests for her paper have still been arriving. We need more of this kind of comingling of professions in such a complex psycho-social area as domestic violence.

7) Title XX of Social Security Insurance in this country needs to be ammended to include battered women, children and men as a class of citizens so that they can be eligible for assistance immediately without regard for their income level. This is already possible with battered children. Middle class and upper class women are more reluctant to leave their spouses, even when they suffer severe abuse, because they fear abandonment and economic deprivation. Most of the women in this country hold wealth through their husbands, not independently. If they leave him, they fear he will not provide sufficient financial resources to keep their family solvent. Studies show that women who are receiving Aid to Dependent Children monies from Social Security are more likely to take concrete steps to end the domestic violence they suffer because they know that they will have a secure income, however limited it might be. Access to our social service system would provide job training and some crisis intervention counseling for those who need it on an emergency basis. My work with battered women leads me to believe that prompt help would help a woman become an independent functioning and self supporting citizen rapidly.

8) My last, and maybe most important recommendation is that we must weed out all those offenders from positions of power in our country. Too many judges, doctors, psychotherapists, lawyers, high price [illegible], and politicians beat their wives. Passing new laws outlawing behavior they themselves are guilty of is a most difficult sacrifice they are being asked to make. I believe that for most batterers the only crime they commit is to assault their wives. I am hopeful that their decency and morality will permit self examination necessary to make such a decision to change or not block the protection we need for others so that we do not have a new generation with even greater levels of domestic violence that we can find today. To that end, I urge your support of the legislation currently being considered in this year's congress. It has been introduced by Congresspersons Boggs, Newton and Mikulski and Senators Anderson and Kennedy. Currently ammendments are being considered by the Senate Human Resources Committee in Senator Cranston's subcommittee on Child and Human Development. Hearings are scheduled for March 8, 1978. The Select Education Subcommittee in the House has not yet scheduled a hearing date although I have been led to believe that is should be forthcoming. Hopefully, an ammended bill will have provisions for funding directed towards developing the kinds of treatment and research services I have outlined. First priority is to fund a national network of shelters and a regional network of centers to provide technical assistance to local communities. Small grants that are locally controlled is preferable over larger demonstration projects. We already know that shelters work from our own years of experience and that of the refuges in England. Evaluation research needs also to be developed so as to support newer counseling and advocacy techniques that are successful. Together, with the assistance of Congress I believe we will overcome the terrible consequences of domestic violence.

STATEMENT OF DR. LENORE WALKER, ASSOCIATE PROFESSOR OF PSYCHOLOGY, COLORADO WOMEN'S COLLEGE

Dr. Walker. I am Lenore Walker, Mr. Chairman, and I have been promoted. I am now chairperson and associate professor of psychology at Colorado Women's College. I am also a licensed psychotherapist in private practice in Colorado, and I supervise other psychotherapists, and I am a researcher in the area of domestic violence. I am pleased to be here today.

What I am going to share with you are some of the results of research that I have been doing since 1975 in this area.

I first got interested in the area from some of my clinical work. As a clinical psychologist I began to see many women who were complaining of being battered, and I was, frankly, very surprised at what I found. I felt the best way to learn what was happening was to begin to interview these women.

I was on the faculty at Rutgers Medical School at that time and I asked many of my medical school colleagues to refer any clients they might have seen in a similar situation. I also got to interview women through newspaper reports of my research. To date I have interviewed over 120 battered women. Much of what I know has come from the women themselves.

I have also visited England in 1976, and it was through arrangements made by some Members of Congress that I was treated as a special scientist by the Commonwealth Office of Information. I met with Members of Parliament at that time who had heard testimony from their Select Committee on Domestic Violence. I visited many of the refuges during that period of time which were established to work with battered women and their children.

Since that time I have done numerous interviews of battered women, have testified in trials, and I have developed some treatment programs for battered women for mental health professionals to use.

I have also been very fortunate to have a research grant funded by Dr. Shah's Center for Crime and Delinquency at the National Institute for Mental Health.

Mr. Scheuer. Give us your testimony about your field because we have five witnesses, and we are going to use the whole morning, and if you could just get down to what your work is, I would appreciate it.

Dr. Walker. I guess one of the things that I learned very early on is that what we have known about domestic violence prior to the last few years has been untrue. The myths that surround violence just do not bear up when we talk to the battered women themselves. It is a complex psychosocial problem that really does not demand individual psychotherapy or a way of viewing it from a psychotherapeutic perspective. Rather, it needs to be viewed from a much more public health model. The treatment programs we need to develop and the research programs we need to develop must come from that kind of model.

We need a much more epidemiological approach. I estimate that one out of two women will become battered at some time during their lifetime. That is a lot of women, half of our population.

Mr. SCHEUER. Well, those numbers are of an order of magnitude far higher than anything we have heard. What do you mean by "battered"? Is it a woman who is shouted at, who is pushed, who is shoved?

Dr. WALKER. No; I mean a woman who really lives under such psychological or physical harrassment that she feels she is powerless within a situation she cannot control.

Mr. SCHEUER. In your description "battered" does not necessarily have to be a physical hurting?

Dr. WALKER. No.

Mr. SCHEUER. It can be psychological pressure, too. This can be a heavy degree of anxiety.

Dr. WALKER. More than what would be usual. It would be sufficient to cause women to take an overdose of drugs and kill themselves.

Mr. SCHEUER. You are saying that half of the women have been battered at some time. It certainly hasn't come to our attention that half of the women at some time of their lives are physically battered. Maybe the concept of battered wives is more than just a physical beating up, a harsh, brutal beating up. That was my layman's concept of what it meant to be a battered spouse, male or female, a good, harsh, brutal beating up. You are saying it can be psychological. It can be a status of being under severe psychological pressure.

Dr. WALKER. I guess there are two points that perhaps would help clarify. One is that being a battered woman is not a constant condition in a woman's life.

One of the things that has come out of my research is that there are cycles within a violent relationship, and so acute battering incidents may occur over several years, but that doesn't make them less intense when they do occur.

Mr. SCHEUER. By "acute battering incidents" are you talking about physically punishing, beating, hitting.

Dr. WALKER. I am talking about life threatening incidents. They could be psychologically life threatening.

Mr. SCHEUER. What are you talking about "life threatening" that isn't physical?

Dr. WALKER. Suppose the woman is under intense psychological harrassment during which she is awakened in the middle of the night, night after night, and verbally harrassed, and told horror stories that her family will be killed. This happens night after night, and they don't get a sufficient amount of rest. Sometimes they are followed intensively.

Mr. SCHEUER. Actually what?

Dr. WALKER. Followed intensively for their entire life. In one particular case the woman was even escorted to the door of a women's restroom in a public restaurant when the couple would go out. He is not physically touching her when he does this, but he causes a sufficient amount of stress by this kind of behavior that causes many problems other than psychological problems. I am referring to a number of things that are not considered in our typical definition of battering. I think that is an important point because we haven't paid attention to that kind of severe psychological stress.

In our research studies it is much easier to measure hits and punches. It is much harder to measure severe psychological harrassment for these women. If anything, I have learned that the psychological harassment in these relationships is far more difficult to work with than the physical bruises. They heal much more easily than do the psychological scars.

Mr. **Scheuer.** In all of your discussions with us you might keep in mind that the Government role here has, by definition, to be limited. Government can't necessarily take on the burden of making better or happier people. There are some things that people have to do for themselves, and there are some problems that people have to work out for themselves, and there are relationships that people work out for themselves, must work out for themselves. Government can hardly structure happiness and government can hardly structure sensitivity or caring or love, you know.

Now, there are certain times that government has to intervene, obviously when people are being brutalized, especially young children, but also women being physically attacked. That comes under the criminal law as an assault. That is obviously the point where our Government must intervene, and I suppose that government obviously will intervene if a woman wants a divorce and wants to liberate herself from this kind of harrassment. How the Government can intervene in causing a husband or a wife to be more sensitive and more caring is something that I am not quite clear on. Certainly government can provide counseling services for a spouse who is being ill treated to help that spouse cope, help that spouse understand what her options are, and help her perhaps to prepare psychologically to make a break. It is a very murky area which you are speaking of. One of the ways in which you can help us would be describe what you think the Government's role should be in research, which is really the mission of this subcommittee. We are involved in oversight on Government research. If you could try to focus on what the role of Government should be, what areas of research need to be further explored, what areas of service delivery would help husbands and wives understand each other, and understand the nature of the anxiety and conflicts that are causing intrafamily problems, because the conflicts between husbands and wives are frequently taken out on young children in the home in which the Government has a special interest. So in this whole murky field where it is not clear what our government's role is, if you can help us sort out what the government's role should be in providing services, and where there is a need for further research, which is appropriate to Government, that would all be very helpful.

Dr. **Walker.** I would love to clear up the murky area. You are absolutely accurate. For me it is also very murky. One of my major recommendations to governmental research agencies is that we have to understand the murkiness of it. We will really need to facilitate exploratory kinds of research to help us make it a little bit clearer.

We need to encourage different kinds of research methods. The experimental design that works in a laboratory doesn't always work outside the laboratory. We can't get clear experimental and control groups easily in the "real world." We have to understand that in social policy kinds of research we have sufficient statistical techniques to overcome some of those limitations, that is one recommendation I would make.

We also need to help get women researchers in the area to offset years of male-dominated kinds of research. It is a problem that does affect women.

Mr. **Scheuer.** You don't accuse male dominance research in the makeup of this panel?

Dr. **Walker.** We are the lucky ones.

Mr. **Scheuer.** Maybe we are the smart ones on this side in ferreting you out.

Dr. **Walker.** Also, I would like to recommend to you that you help our governmental agencies "reprioritize" existing funds. I would suggest using research funds where there are overlaps. For example, in an agency such as the National Institutes of Health, where they have funds designated to look at heart disease, perhaps they could look at the effects of living with family violence and stress and its relationship to heart disease. Another example is that the NIMH could study the mental health needs of battered women, men and children. The Office of Education training grants could be offered to people to study this particular kind of a problem in relation to children. These are soce of my recommendations. They are practical kinds of solutions, and could be done fairly easily.

You can certainly ask agencies to list some ways in which they are diverting some of their funds to domestic abuse programs. That is one indication to an agency that perhaps they ought to review their funding policies.

Also I think we need to take a look at existing data. People working with shelters are collecting a lot of data. We need to analyze that. I think we can encourage a contract bid arrangement from governmental agencies to specifically look at that. For example, the Colorado Association for Aid to Battered Women, which is a statewide coalition I have been involved with in Colorado, successfully competed for an HEW contract to study evaluation of the existing services for battered women, stressing shelters. Smaller research studies like this would encourage some good research in that area.

I also believe very strongly we need to support looking into the long-term effect of sexism and sex role stereotyping on children. We don't have enough longitudinal data. The kinds of data I collect are retrospective. We really need to follow it as it happens. I truly believe from my research that sexism sets as great a stage for this kind of domestic violence as does directly and indirectly experiencing violence.

I don't think that we can eliminate violence from our culture without also eliminating inequality that exists in power relationships between men and women. I think we need to know much more about that.

Finally, I think we need to establish a whole new way of looking at treatment alternatives. I think we need to use a public health model. We need preventive services, secondary intervention services, hotlines and crisis intervention services, rehabilitation programs for people who have been victimized over periods of years. I think we also need a third or tertiary level, which is a supportive environment. I think the shelter movement will provide this. Shelters will not solve the problem—not all battered women will ever use the shelter, nor will all the spouses or other people involved or all children use them—but its presence in a community stimulates all of the other agencies and professionals to get involved in that problem.

I think there is a schism that develops between the professionals and grassroots people providing services. I would like to see that kind of schism eliminated. Only by having professionals consult and learn what the grassroots people are learning as well as having the grassroots people associating with good professionals who want to provide the services will that schism be overcome. I am happy to see things developing in this area, and I hope we can find a way to prevent it. I do hope some of the legislation that is pending in the House and Senate will address this problem. I understand there are going to be hearings coming up on that next month. I hope there will be some compromises and amendments offered so we put some funds—small sized funds—into community programs. We don't need big demonstration programs. I think we need small-sized, local, community-based kinds of shelters and services, using competent professional consultation services. I would include psychologists, lawyers, doctors, child care experts, and vocational counselors as important consultants to the shelter.

I think the Government can also provide funding for technical assistance. Perhaps they could set up some kind of regional centers where we can hire technical assistants, but these positions should be filled by local people in the grassroots community. Government must support their programs rather than having an entirely federally supported type of network or we will establish another layer in the Government bureaucracy without benefit to the victim.

Mr. SCHEUER. You mean financial support, they must be financially supported in the communities?

Dr. WALKER. I believe so. I believe the Federal Government can give the incentives to start, but I think they must be provided with technical assistance to get local and community support to maintain them and get them integrated into the mainstream of other institutions in the community.

Mr. SCHEUER. That is a good idea and that would be very much hoped that would occur, but I am skeptical, particularly in the low-income communities that need it the most, would be able to support them. The middle-income communities have other resources. It certainly would be desirable for the communities to support them. I must confess I am skeptical about it.

Your testimony has been very interesting, Dr. Walker.

Dr. WALKER. Thank you.

Mr. SCHEUER. Let's move on to Dr. Suzanne Steinmetz, assistant professor of individual and family studies, at the University of Delaware.

Again, your testimony will be printed in full, so you can just chat with us informally.

[The prepared statement of Dr. Suzanne Steinmetz is as follows:]

OVERLOOKED ASPECTS OF FAMILY VIOLENCE: BATTERED HUSBANDS, BATTERED SIBLINGS AND BATTERED ELDERLY

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Testimony prepared for the
Committee on Science and
Technology
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On October 3, 1977, NASA launched another satellite. The announcer, looking at the computer readout reported that the launch was successful. Those of us watching the launch on T.V. saw the rocket burst into flame immediately after take-off. The announcer seeing the burst of flames responded "oops". Thus 5 million dollars went down the tube with a simple "oops" being the only comment.

The comparison between the above incident and the National Women's Conference in Houston, Texas, which occurred about the same time and also had a $5 million dollar price tag, is interesting. "Oops" for a $5 million dollar rocket which failed, and a national controversy,with a verbal segment of both men, and women outraged that our tax dollars should be used for such foolishness when women meet to dicuss issues such as displaced homemakers, abortion for poor women, education and careers for women, child abuse, rape, battered women, the end to discrimination in the schools, workplace, financial world. Issues which effect over half our population.

This apparent devaluing women's and family-interest relative to those of Technology and Business is also apparent in the overbounding joy expressed by researchers and concerned citizens alike when $3 million dollars were finaly set aside for child abuse in the early 70's, and the more recent announcement that LEAA had set aside several million to be used for domestic violence.

Thus, while I am pleased that several sets of hearings are being held on domestic violence, I find myself faced with a feeling of pessimism. A fear that long term commitment with the opportunity to reevaluate and redesign program, similar to the procedure commonly followedin the physical or hard science, will not materialize. Although child and wife abuse are widely recognized phenomena, and numerous studies have been conducted, I would like to explore with you some ignored or overlooked aspects of family violence: battered husbands; battered siblings and battered elderly. The public's coascience has been stirred over the well publicized tragedy of children abused by their parents and the horror faced by beaten wives. As awful as these statistics are, they represent only the proverbial tip of the iceberg of total family violence. Perhaps with some information on the extensiveness in both form and frequency of domestic violence, the seriousness of the problem will be recognized and a long term committment to the need for eliminating this tragic aspect of society will be made.

The Battered Husband

Is husband battering really an unknown pheromena, or is it simply another example of selective inattention? Steinmetz (1978) suggests that some insights into a possible answer can be gained by an examination of humor which exaggerates and brings into public view many aspects of life too personal to be discussed in a nonjoking context.

The subject matter of comic strips, specifically those revolving around a domestic theme is revealing. A common theme is a caricature of husbands and wives in which the husband deviates from the ideal image of strong, self-assertiveness, and intelligent, and assumes the character traits which have been culturally ascribed to be feminine. The wife, in these comics, is justified in playing the dominant role, and in chastising her erring husband, since he has not fulfilled his culturally prescribed roles. Movies also portray the right of a woman to slap her man. Hardly a film existed in the 50's with its "girl next door" heroine or the beach blanket films of the 60's that did have at least one scene where the insulted heroine hauled off and slapped the offending male, full force, in the face. His reaction was to hold his face, lower his head, and walk away. Both our heroine and the audience felt justice had prevailed. While this is not battering it shows that society feels that women have the right to slap their men when they are mad. Just as child abuse is often discipline carried too far, a women who thinks that slapping is the correct way to interact with her husband is more likely to let this behavior get out of control than a women who considers slapping to be inappropriate.

Although there has been little focus on battered husbands, data from small exploratory studies provides some insights on the extensiveness of this aspect of family violence.

We know that over three percent of 600 husbands in mandatory conciliation interviews listed physical abuse by their wife as a reason for the divorce action (Levinger, 1966).

A comparison of physical violence used by husbands and wives in 5 different studies (Steinmetz, 1978) found that wives often exceed their husband in the use of physical violence during a marital conflict (See table I). Steinmetz found only small random differences in two U.S. samples: a broad-based, non representative sample (1977a) and random sample of New Castle Delaware (1977c); and a Canadian sample of college students (1977b) in the percentage of husbands and

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wives who resorted to throwing things, pushing or shoving, hitting with the hand, or hitting with an object. In fact, the total violence scores for husbands and wives in these three studies were very similar.

The data from the nationally representative sample (Straus et al, 1977), based on reports of violence that occurred during 1975, found wives to be slightly higher in almost all categories, the notable exception being pushing and shoving. The total violence scores, however were identical.

Only one study (Gelles, 1974) found husbands exceeding wives in the use of all types of violence except "hitting with something," a mode which de-emphasized physical strength. In this study, 47 percent of husbands had used physical violence on their wives, while only 33 percent of the wives had used violence on their husbands.

While this data represents the percentage of husbands and wives who have used physical violence against a spouse, it does not tell us the frequency with which these acts occur. Surprisingly, the data suggests that while the percentage of wives having used physical violence often exceeds that of the husbands, wives also exceed husbands in the frequency with which these acts occur. The average violence score of wives as compared with husbands were all higher in the Steinmetz studies: 4.04 vs. 3.52 (Steinmetz, 1977a); 7.82 vs. 6.00 (Steinmetz, 1977a); and 7.00 vs. 6.60 (Steinmetz, 1977c). The Straus, et al study found that wives committed an average of 10.3 acts of violence against their husbands during 1975, while husbands averaged only 8.8 acts against their wives. Only Gelles (1974) found husbands to exceed their wives in use of physically violent modes: He found that 11 percent of the husbands and five percent of the wives engaged in marital violence between two and six times a year, and 14 percent of the husbands and 6 percent of the wives used violence between once a month and daily. Wives exceeded husbands in one category, however. Eleven percent of the husbands, but 14 percent of the wives noted that they "seldom" (defined as between two and five times during the marriage) used physical violence against their spouse.

In another study which was based on police records and a random sample of families, it was estimated that 7 percent of the wives and .6 percent of the husbands would be victims of severe physical abuse, that which we might label as a *battering* by their spouse in a single year (Steinmetz, 1977).

Data on homicides suggest that husband-wife homicide make up the largest single category of homicide. Almost an identical percentage wives and husbands were victims. Furthermore, these findings appear to be consistent over time (Wolfgang, 1958; Vital Statistics Reports, 1976). It should be noted however that wife committed homicide often occurs after provoction and abuse from the husband.

Sibling Violence

Probably the form of family violence considered to be most normal is violence that occurs between siblings. Yet on examination , the amount and degree of severity suggest that we tolerate a considerable amount of extremely violent acts between brothers and sisters. These same acts if they occurred between husband and wife or parent and child would result in public outrage and social service intervention, and possibly criminal charges. These findings are summarized on Table II.

Straus (1974) in a study based on college freshmen, found that 62 percent reported using physical violence during the past year. In a broad based non-random sample of 78 adults (Steinmetz, 1977a), 72 percent reported using physical violence on a sibling. Steinmetz (1977a), examined sibling violence in 57 randomly selected families with two or more children between 3-17 years old. Among sibling pairs 8 years or yonger 78 percent used physical violence. Sixty-eight percent of sibling pairs 9-14 years old and 63 percent of sibling pairs 15 or older used physical violence to resolve sibling conflicts.

Perhaps the best estimate of the degree of sibling violence is that provided by a nationally representative sample of 733 families with two or more children between 3-17 years (Straus, Gelles, Steinmetz, 1977). During the past year 75 percent of families reported sibling violence. There was an average of 21 acts per year. Thirty-eight percent kicked, or hit, and 14 percent "beat up" a sibling. This study also found that .08 percent threatened to use a gun or knife and .03 actually used a gun or knife. An astounding finding is that the highest levels of violence were perpetrated by young children (3-4 years of age). The levels of violence showed a continued decrease with the lowest levels being perpetrated by older teens (15-17 years). Furthermore, this pattern of greater violence among younger children held for all categories of violence from pushing and shoving to beating up. The only exception was use of gun or knife.

Violence between siblings probably reflects the childs first attempt to experiment with the type of behavior he or she witnessed the parents engaging in as well as the type of behavior the child experienced in the form of discipline. Furthermore the behavior used between siblings are then used on a spouse when these children later marry (Steinmetz, 1977a). Thus it appears that one mechanism for interrupting the cycle of violence in the family may be to reduce the levels of violence between brothers and sisters.

Battered Elderly Parent

Our knowledge about the battered elderly parent mirrors our knowledge of the extent of child abuse in the early 60's or the extent of our knowledge about wife abuse in the early 70's. If we were to label the 60's as the decade of interest on child abuse, and the 70's as decade of wife abuse studies, then I predict, given the generally increasing concern for the elderly and more specifically concern of abuse of elderly in public institutions, that the 80's will be the decade of the Battered Parent.

There are several parallels between the battered child and battered parent. First, both are in a dependent position - relying on their caretaker for basic survival needs. Second, both are assumed to be protected by virtue of the love, gentleness, and caring which we assumed that the family provides. A third point is both the dependent child and the dependent elderly adult can be a source of emotional, physical and financial stress to the caretaker. While the costs of caring for one's children are at least a recognized burden, the emotional and economical responsibility for the care of one's elderly parents over a prolonged period (a problem not likely to be faced by most families in the past) has not been acknowledged.

Some of this battering takes the form of benign neglect-inadequate knowledge about caring for the elderly which results in harm. Tieing an elderly kin, who needs constant watching, into bed or a chair in order to complete housekeeping or shopping; or the excessive use of sleeping medication or alcohol to "ease" their discomfort or make them more manageable are common forms of this abuse. Other documented abuse, is however, lacking in benign intent. The reported battering of parents with fists and objects to "make them mind" or to change their mind about wills, financial management, or signing of other papers, is, unfortunately, a growing phenomenon. One local medical society reported receiving three calls from nursing homes in a single week, wanting to know what they could do to prevent family members from physically abusing the parent during visiting hours.

Authorities in Philadelphia have attempted to get an 89 year old father to file charges against an alcoholic son who forces him to turn over his monthly social security check. When the father refuses, he is tied to a chair so he can't leave the house. Examples from the Delaware Public Guardian's office are also indicative of the brutality which elderly kin endure:

> Mrs. A., aged 78 who has a 37 year old retarded daughter who is the mother of a 13 year old daughter. The 13 year old physically abuses the grandmother.
>
> Mrs. C., an invalid with an amputated foot, has a son that has been invloved in a lot of trouble, and had violent episodes. She has called the State Police and signed a warrent but could not show up in court because of her condition. The son now has a gun and is threatening her.

The English with their typical dry humor first labeled the problem "granny bashing", but have begun to refer to this growing problem as "gram-slamming". However, England, recognizing the stress placed on the caretaking children, does provide periodic respite care. Unfortunately, in the U.S. the care of over 22 million individuals over 65 (of which only about 5 percent are institutionalized) is left to chance. Based on population and economic trends one can predict the following:

1 - more elderly people, a higher cost of living and a greater demand for alternative housing for elderly.

2 - higher cost of living requiring that a greater percentage of income be allocated to basic necessities with a smaller amount being available for 2 cars, vacations, single family homes and college for their children.

3 - more women working and/or looking forward to resuming work when children are launched to meet these expended costs.

With increasing conflict between the needs of parents and the goals of their children we can predict an increase in the amount of violence children use to control their elderly parents unless adequate support systems are available.

Remedies for Reducing Violence

When reflecting on the problem of the battered husband, battered siblings, and battered elderly, it is important to remember that these are the overlooked or ignored aspects of family violence. They are difficult aspect to record. First our macho ideology provides an almost insurmountable obstacle for husbands to overcome and publicly acknowledge they've been abused by "the little woman". Secondly, elderly parents are reluctant to report because their security is often tied to their abusing child. Furthermore they are ashamed of having to admit they reared such a child. Finally, because violence between siblings is considered normal, little importance is attached to this problem and it has been rarely studied. Therefore, data in these areas has been slow in coming. Data in these areas are important not only because they provide estimates of the all encompassing and wide range of family violence, but also because it focus our attention on the broader aspect of violence. When we focus on child abuse or wife beating the remedies suggested tend to be emergency measure such as crisis centers, emergency foster care and shelters. While these measures are certainly needed they are not a panacea. In fact, their track record has been rather poor in providing positive alternative environment or changing violent family interaction. This is not to suggest that we should abandon these measures, rather we must place these measures in their proper perspective; one remedy within a context of total support systems--system which encompass adult education as well as K-12 educational programs; community based, readily available family counseling centers; well trained police, legal/judicial, officers; legislation mandating provisions to insure the emotional and physical security of abused victims; long-term basic research and evaluative research for monitoring the problem of family violence as well as the success of existing programs. Somewhere in our funding efforts aimed at eliminating domestic violence, we must make the same type of commitment that is made in our building of rocket -- when something doesn't work properly - back to the drawing board, reevaluate, redesign, and replenish the funds. Surely people are as valuable as rockets and satellites.

TABLE I.

COMPARISON OF PHYSICAL VIOLENCE USED BY HUSBANDS AND WIVES IN PERCENT

STUDY	N	THROWING THINGS		PUSHING SHOVING		HITTING SLAPPING		KICKING		HIT WITH SOMETHING		THREATENED KNIFE OR GUN		USED KNIFE OR GUN		USE OF ANY VIOLENCE	
		H	W	H	W	H	W	H	W	H	W	H	W	H	W	H	W
Gelles* (1974)	80	22	11	18	1	32	20	25	9	3	5	5	0	----------		47	33
Steinmetz* (1977a)	54	39	37	31	32	20	20	-------		10	10	------------		2	0	47	43
Steinmetz* (1977b) Canada	52	21	21	17	13	13	13	-------		10	12	------------		----------		23	21
Steinmetz* (1977c)	94	31	25	22	18	17	12	-------		12	14	------------		----------		32	28
Straus, Gelles and Steinmetz**	2,143	3	5	11	8	5	5	2	3	2	3	.4	.6	.3	.2	12	12

*Incidents occurring throughout the duration of the marriage
**Incidents occurring during 1975

STUDY	MEAN FREQUENCY OF ABUSE HUSBANDS	WIVES
Steinmetz (1977a)	3.52	4.04
Steinmetz (1977b)	6.00	7.82
Steinmetz (1977c)	6.60	7.00
Straus, Gelles and Steinmetz	8.80	10.30

TABLE II SIBLING VIOLENCE

Sample	Degree of Violence
57 randomly selected families (Steinmetz, 1977a)	78 percent of sibling pairs 8 or younger used physical violence.
	68 percent of sibling pairs 9-14 use physical violence.
	63 percent of sibling pairs 15 or older used physical violence.
College Freshman (Straus, 1974)	62 percent reported using physical violence during past year.
Broad-based, non-random sample of 78 adults (Steinmetz, 1977b)	72 percent reported having used physical violence on siblings.
National Representative Sample of 733 families with children between 3-17 years. (Straus, et al, 1977)	During the past year 75 percent reported using physical violence.
	Average of 21 acts per year.
	38 percent kicked, or hit.
	14 percent "beat up."
	0.8 percent threatened to use gun or knife.
	0.03 used gun or knife.

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STATEMENT OF DR. SUZANNE STEINMETZ, ASSISTANT PROFESSOR OF INDIVIDUAL AND FAMILY STUDIES, UNIVERSITY OF DELAWARE

Dr. **Steinmetz.** I would like to preface my remarks by saying I have been conducting research on the whole area of family violence, and although I have been specifically asked to address battered husbands, battered siblings, and battered elderly, I will certainly be willing to address other areas if that is what the subcommittee wishes.

One thing I would like to do is clear up an unfortunate distortion of my data on battered husbands. I did a study in which one of my tables showed that 20 percent of the husbands and 20 percent of the wives had hit their spouse. They were hit perhaps once or twice during their marriage. An unfortunate set of circumstances occurred in which a couple of rather unscrupulous individuals sensationalized the findings in that table in order to gain attention and thus promote their book on wife beating. They took that figure, 20 percent, and extrapolated it to the 47 million married couples and said 12 million men were severely abused. That figure is ludicrous because there are only 47 million couples. If 12 million husbands are beaten and 28 million wives, according to them are severely abused, then there aren't too many of us who are not severely battered by our spouse.

The study based on police data and in-depth interviews of a random sample of couples suggest that a more accurate figure is about six-tenths of 1 percent of the men, which is about a quarter of a million men, and 7 percent of the women, which is about 3½ million women, are battered by their spouse in a given year.

Mr. **Scheuer.** Six-tenths of 1 percent?

Dr. **Steinmetz.** Right. Six-tenths of 1 percent of the men and 7 percent of the women, so it is about a 1 to 14 ratio.

The data I am reporting refers to "battered." I am talking about the kind of severe physical battering that we refer to when we talk about women who need a shelter. I find the distortion of my data to be really upsetting. We know how hard it is to get attention to the needs of battered women. We all would laugh if a woman came up and said: "My husband slapped me. I need protection." So I think it is ludicrous to talk about a figure which refers to "hitting" and call it battered men. 250,000 is a large figure. We don't need it to be inflated to 12 million, and, of course, there are 14 battered women for every battered man.

I would also like to point out why some feminists are concerned about the recent attention the media has given to battered husbands. I think it is possibly because there is going to be such a small amount of funding made available, there is so much competition, and there is the feeling if we talk about battered men then perhaps some of the attention will be taken away from battered women, which is a larger problem.

However, I think we also have to acknowledge the problem of battered men for a couple of reasons. First of all, in most of these families there are children involved, and the children are going to be traumatized whether it is the mother or father who is getting the beating, and for this reason we have to look at programs which will stop that kind of interaction.

Second, if you look at the backgrounds of women who batter their husbands, the thing that comes across is that these are women who as young girls experienced extremely violent beatings, or watched their own mothers be tremendously brutalized. In one case when the woman was a child she watched her mother who was pregnant being forced to carry a bag of groceries through the snow while the father prodded his wife with the car. Every time she fell down the father would get out of the car and beat her. So these women who are battering their husbands are women who lived in very, very violent homes as children. If you extrapolate these facts to the next generation, it becomes evident that if you don't do something to stop this kind of violent family interaction, you are soon going to have a second and third generation of batterers.

The third reason for studying battered husbands is the fact that family violence is cyclical.

Mr. Scheuer. We have also heard that is a characteristic of sexual abuse of children. The children who were sexually abused sometimes grow up as adults to be both rapists and also sexual abusers of children in their turn. That doesn't mean that every male child that is sexually abused grows up to be a rapist. In other words, all barkeepers are English but not all Englishmen are barkeepers. We find that an astonishing percentage of rapists were themselves sexually abused as young children, and that an astonishingly large percentage of both husbands and wives who abuse their children or beat their children themselves were abused children, just the point you are making.

Dr. Steinmetz. It goes even further than that. I have looked at some of the data on assault and batterers, rapists, and murderers, people who are generally violent outside the family also. You find that these persons have backgrounds characterized by brutality. They were beaten as children. They saw their own mother and father engage in tremendously violent attacks. So it is a very broad based problem. I think that Congress must not limit its obligation to setting up a few shelters. I think then we must also look at long-term commitments that are broad based. Providing a shelter helps a particular woman with her immediate problem but it does not solve the larger problem of family violence.

Shelters, while they do help the woman with her immediate problem, are not going to solve the long-term problem or family violence. There has to be a mechanism for dealing with children who are reared in a violent environment. There also has to be some recognition that if you don't do something to change the man's behavior patterns, he is likely to get divorced, he will remarry and in a very few years you will have another battered woman to deal with.

In addition to shelters, which are tangible, visible solutions which might tempt us to say, "Well, we solved the problem," there has to be a long-term commitment to have programs that teach people to deemphasize violence as a mechanism for solving problems.

In my own State I have numerous requests, starting with kindergarten teachers.

Mr. Scheuer. What State are you in?

Dr. Steinmetz. Delaware. I get frequent requests from teachers who want to know how they can introduce some concepts to children which will help them to learn a better way to interact with their own children and their spouse? It is a very sad state of affairs when we prepare people for everything but the two occupations most people are going to be performing—that of being a spouse and that of being a parent. We have absolutely no preparation for these roles yet they are the two roles that fill most of our lives and are very demanding. How do you expect people to be able to perform these roles adequately without some kind of training. The idea that you will learn how to in your own home just doesn't seem to work out.

There are numerous families in which several generations have experienced all kinds of problems, family violence being only one of them. Something has to be done to change the environment these children are being reared in.

Mr. SCHEUER. You are talking about some kind of courses or rap sessions in family life—how to be a wife, how to be a parent, how to relate to your own sexuality, I suppose?

Dr. STEINMETZ. I think that sexuality is one component of it. I was thinking more of how to interact. You could have in kindergarten discussions on: it is O.K. for men to hold babies; boys playing with dolls is all right; boys don't have to play only with just trucks; When you have an argument, talk it over with your friends instead of fistfighting. Most parents think that boys should have fistfights, it is part of growing up and becoming a man.

I have seen a lot of shows on television recently where that same idea is put forward for women. We are getting rid of sexism in some small way. Unfortunately, in some ways it has been interpreted as having the women act like men. When it is violence and aggression which is the part of maleness being emulated by women, this is unfortunate.

Mr. SCHEUER. Do you find the whole development of women going to karati classes and all of that counterproductive?

Dr. STEINMETZ. No, I think it is important to know how to defend yourself. I think that it is very important, in any circumstances to know how to defend yourself, and it is probably very good for your physical health to keep your body in shape because that reduces the likelihood of heart disease and other illnesses. I didn't mean that kind of physical force. I was referring to situations with little girls who should be encouraged to verbally resolve a conflict. Instead, they are told to physically fight it out. I don't think you should confuse learning to interact nonviolently with human sexuality. That is a very dangerous word in certain areas. Some groups think that it means you are teaching kids how to have sex early. That is not what I am talking about.

You don't have to think of improving interpersonal interaction only within the context of marriage. This concept is broad and encompasses how to get along with people, how to be responsible for yourself and other people, how to respect the other person's personal property and the other person's own person.

I don't think it needs to be a specific course per se. We already have plenty of courses starting with the activities they have in kindergarten dealing with getting along with each other and continued throughout the school years, ending with the civics class in senior high school, where something like this could be very nicely integrated.

The other thing that I think is really critical is having research be a component of every single program. I don't mean specifically basic research, but I think when you have a shelter being set up or crisis line being set up, those people should be provided with help from researchers, consultant, or technical advisors to train them to be able to evaluate their own programs.

This goes on in the physical and biological research programs all of the time. It is expected that these programs will experience failure. In my written testimony I note that on Oct. 3, 1977 NASA launched another satellite. The announcer, looking at the computer readout reported that the launch was successful. Those of us watching the launch on T.V. saw the rocket burst into flame immediately after takeoff. The announcer seeing the burst of flames responded "oops". Thus $5 million went down the tube with a simple "oops" being the only comment.

We don't say we are going to stop building rockets. We go back to the drawing boards, put out more funds, and redesign.

For social service programs are not allowed to fail. Yet they are going to fail, and we must build in mechanisms for evaluating this so we can say, "O.K. Here is where we went wrong." Perhaps we need to deal with it this way." I don't think we should scrap a program just because it failed. I think we should look at it and say, "Why didn't it work here? It worked beautifully in California. Why is it not working in Delaware?"

We need to build into any program the ability to examine it critically. We need to be encouraged by the funding agency to monitor our programs, evaluate them and make adjustments when necessary. We must be allowed to utilize technical assistance without jeopardizing the overall evaluation of the program by the funding agency. We must utilize researchers to help us identify the weaknesses in the program, as well as adequately assessing the progress of successful components of the program. This is a critical component of a successful evaluative research/demonstration program. Without this cooperation, you will have community action-social service groups on one side running demonstration programs and people on the other side doing basic research. Nobody gets together, and when the program doesn't work right, and you have only 60 percent success, the Congress say, "My God, all that money and you have only 60 percent success. Let's move on to another area.

Mr. SCHEUER. I want to commend you for making that point as brilliantly as you have made it. I have made that point, during our poverty program, the late lammented war against poverty. When we pulled out the rug and looked under the carpet we found some very troublesome conditions we had never faced up to before. We tried all kinds of experimental approaches. The first thing we did was, we treated our successes the same as we treated our failures. We treated the Head Start Program the same, which everybody loved, the same as the Job Corps, which did produce a lot of problems. You had people in their late teens, and by that time they had a number of problems. They weren't quite as innocent as the 2, 3 or 5-year old kids. So we treated the successful programs just the way we treated the programs that had serious problems. There is no Head

Start Program today, except for middle income people and upper income people, who have always had such a program. I went to a head start program when I was in preschool, only we called it nursery school or prekindergarten. My people knew enough to put me in a head start program, and I put my kids in a head start program, and I suppose most of you were in a head start program, but we cut it off for the poor even though it was a beautiful program.

We treated our successes the way we treated our failures because there was no systematic oversight and review and evalution, just the point you made.

The second thing is, we pulled that rug back and we see all kinds of unpleasant things that we have never really looked at before. We have set up all of these really quite interesting projects around the country, but let three girls from a Job Corps project in Houston, Tex., go out on a binge some Saturday night and get drunk, and it is all over the papers, and folks from both parties would get up on the floor of the Congress knocking the Job Corps. Let five boys from a Job Corps program get in a fight in a bar or start fistfighting. Nobody looked to think about what those young people would have been doing if they hadn't been in the Job Corps, and what incredible mischief of a far greater order of magnitude they they would have been involved in. Nobody looked at what the control groups were doing, the one in the Job Corps and the one out of the Job Corps, and nobody tracked the kids who went through the Job Corps to see what their success rate in life was after the Job Corps. But the two or three boys that entered into a fistfight or the two or three girls that would get drunk some night, they were all over the papers, and the Job Corps was thought to be a failure.

As you say, we can make multibillion dollar mistakes in a military program or rocket program, we can spend fifty or one hundred million dollars on a new aircraft and a number of people will get killed. We find it is a faulty design and we junk it. Nobody says that the Army, the Navy and the Air Force ought to be junked. Everybody says that is the price we pay for progress.

Social science research is just as perplexing and just as problem laden as a rocket. Nobody considers it is the same process of three steps forward and one backward here, too. It is a very tragic situation, and you have really described it very eloquently and brilliantly. I thank you because I seem to have been a lone voice in the wilderness. I have said it for twelve or fourteen years and nobody has been listening. Apparently you have been listening.

Dr. STEINMETZ. I would like to point out that about 5 years ago I was with Lincoln University, which had a grant from the minorities division to evaluate some of the day care centers. I discovered that within 6 months after the grant ended, and the university people went back to the university, the center had closed. I thought this was most unethical. I just wondered why people don't recognize you must work with community people and help them to eventually be able to run their own programs. If you are going to have the "experts" initiate or administer programs, a must is that part of their role should be to train the community people to run their own program; to fill out all of those damn Federal forms, to be able to make up their own budgets. I don't think that this is often done, and I think that it should be mandatory because the university people at the end of 2 or 3 years are going to go back to the university.

Mr. **Scheuer.** And there ought to be some sort of a short form?

Dr. **Steinmetz.** That is right. There certainly should be.

Mr. **Scheuer.** I was the author of the Environmental Education Act 4 or 5 years ago. We had a short form for applications of $10,000 or less from community groups, schools, churches and what-not, and it was just a page or two and it was perfectly simple. You didn't have to hire a grantsmanship expert or Ph. D., you know the bureaucratic labyrinth, and I think we should really help them get into the business of doing the work themselves, and therefore making the work requirements simple but we must structure in evaluation and analysis as an ongoing process.

Now, there are some pieces of legislation where there was a specific amount of funding set aside for oversight evaluation. I am not just sure how that has worked out. I know I voted for it myself, but I just don't know how it turned out.

I was just saying to Jonah Shacknai, our research assistant here, that we might well have a whole set of hearings just on oversight and evaluation of social science programs: How have we failed? How have we succeeded? And we should review the success or failure of these social science intervention programs, the whole array of programs, the whole array of remedial education programs. How have we succeeded or failed in identifying the structure of elements that have produced success? What were the elements or components that produced success, and looking at the ones that didn't seem to work, were there any common denominators there that seemed typically to be present when a program didn't work? What were the elements that spelled out success?

It is absolutely astonishing that to my knowledge this has never been done. In the whole array of these remedial programs—the poverty programs, remedial education programs, various welfare programs, various support programs—we are spending literally over a decade hundreds of billions of dollars—not tens of billions but hundreds of billions; yet we really don't know what works and what doesn't work. We really don't know how to structure our programs, how to differentiate between a program design that is scheduled to produce success and another program design that is inevitably predestined to produce failure. It is just like a Greek play, just like a Euripedes play that is destined to produce tragedy at the final curtain. It is virtually written in the stars where that program has to fail. Don't you consider that anomalous that we have never done that?

Dr. **Steinmetz.** Yes, I did. I thought it was rather awful, as a matter of fact.

I think another thing we need is some kind of clearinghouse so that if a group is interested in a particular type of program they would be able to obtain information on this program, its assets and its liabilities. Perhaps then each group would not have to constantly reinvent the wheel.

Every single shelter or crisis line, unless the organizers have an informal network where they can talk to people who have experience in these areas, has to start from scratch. I think if we are funding these programs, we have to develop networks so that people starting new programs can reap the benefits of experience rather than repeat the errors.

Another factor, critical to the success of these programs, is to let the directors of programs know that they are allowed to make mistakes. Otherwise, there is a tendency, especially when there is an emphasis on cost/benefit analysis, to lock out of the program multi-problem, high risk clients. These clients have a high probability of failure, thus they decrease the overall success rate of the program. Yet these are the clients that are most in need of service.

There is a need to develop a new set of criteria by which to judge the effectiveness of programs, not just how many families manage to obtain separate living quarters so they are no longer beating each other up. Maybe if you could get the family to live together and just reduce the level of violence that should be considered a success.

Mr. SCHEUER. About 8 or 10 years ago, in the very early days of the poverty program, I went to Harlem with Adam Clayton Powell to take a look at how the program was working. It had just been established. There was a New York Times reporter along, and I made a speech to all of the staff.

I said, "You have got to be innovative. You have got to be creative. Don't feel that everything that you are going to do must work. You should make some mistakes. If you don't make mistakes, you are not really innovative."

Well, the Times the next day quoted me as saying you have got to make mistakes. The fan mail or the hate mail, the abuse, that I took in my mail, in my phone calls—my congressional office were beside themselves for days on end. The abusive mail that I got calling me every name in the book for telling the poverty people that they had to make mistakes. It was taken out of context. I said, "You have got to be creative and innovative, and if you don't make a couple of mistakes here and there along the line, you are not really reaching out or trying," and they quoted the whole thing. But there was in that quote the one sentence, "You have got to make some mistakes," and it triggered an incredible explosion of abuse. The American public just didn't like the fact that any Congressman was telling people to be innovative in social science program design.

If I had been talking to some space people down at the Kennedy Center in Houston, and I said, "We want to reach the moon, or we want to get a permanent space for that platform out there, and you have got to have a Manhattan type crash program, and you have got to try several things at once. You have to make some mistakes," I would have gotten nothing but applause in my district. But here it wasn't space, it wasn't military, it wasn't industrial R. & D., it was people, R. & D., and the heavens descended on me.

You have been extremely interesting and provocative.

Mr. SHACKNAI. I certainly don't want to ask you this out of the sequence of the panel, but we notice in your written testimony that you have addresed the subject of elderly parents being battered. I wonder if you could expand on this a little further.

I might say our subcommittee recently completed a set of hearings jointly with the House Select Committee on Aging on the subject of crimes against the elderly. So we are particularly interested in the problems of elderly.

Dr. Steinmetz. I can't say much more than what is in the paper because I have no hard statistical data on the extensiveness of the battered elderly problem. I started early this summer by calling all of the agencies in northern Delaware that I thought may have come in contact with the older people who were battered; such as visiting nurses, emergency room staff, social service workers, and people working in senior centers.

The first time I made the call I got the same kind of response reported in early studies of child abuse. "Well, maybe we have had a case like that. I don't seem to remember."

I then made the calls about 2 months later, and it was amazing that all of a sudden people were saying, "Yes, now that you alerted me to that, you are right, we are getting cases left and right."

I am hoping to submit a small grant in conjunction with Eleanor Cain, director of Delaware's Division of Aging, to do a more complete survey of our State. I have a feeling that as the cost of living goes up; as people live longer, as they are living longer with smaller incomes, you are going to find many middle-aged couples being put in a situation where they have no other alternatives but to have older folks live with them. I think this is a very similar situation to that of child abuse. In both situations the care givers are not trained to provide extensive care and they are not prepared emotionally to do this.

I think the major burden is going to fall on women just at the time they have been freed up to pursue their own careers, which is an unfortunate situation. I think that you have to recognize this is going to be a problem, and unless you initate programs now, you are going to be in the same situation we are in now with child abuse and spouse battering, where few programs exist. We have got this terrible problem, and we are just starting to address it. But I have no frequency data because, as far as I know, nobody has done a survey which could provide these kinds of statistics.

Mr. Gallagher. Thank you, Mr. Chairman.

Dr. Steinmetz and Dr. Walker. Dr. Walker you have said in your statement: "I am convinced that although we talk about spouse abuse, in 99 out of 100 situations we are really talking about battered women." You are talking about 99 percent out of 100 in the case of battered spouses, but in her statement she has a number of other studies that have been made. I don't think this is a trivial point.

There is such a difference between you two professional people that I am wondering how we as layman, can get a handle on it if your different figures are so significant and substantial. She cites four or five studies with figures in them that are considerably different than yours, Dr. Walker. She says that wives committed an average of 10.3 acts of violence against their husbands in 1975, while husbands averaged only 8.8 acts against their wives, and she moves on to a number of other studies.

Dr. Steinmetz. I can address that. Those are specific acts that one individual did against the other, and this is not the kind of data that can necessarily tell you about the severity of the battering. For example, if you look at the data, based on questionnaires, from my book "The Cycle of Violence," you will not be aware of any severely battered men or women. Yet I know from interviewing those same families that I had four very severely battered women. Depending on the methodology used, you get a very different kind of data. This is why we talked earlier about the need to have different kinds of methodologies.

You get different data when you give somebody a check list and ask "how often have you done these things?" You get different data when you are interviewing a sample of women or men and talk with them and discover that they weren't just hit once, they were hit numerous times, along with a couple of kicks and punches, and it all happened during the same incident.

So I think it is important to recognize that different kinds of samples, different kinds of methodologies, will give you different information, but all of this points up the same thing—domestic violence is a very serious problem. My studies show that large numbers of families engage in hitting, kicking, and shoving. In addition, a large number of people are being severely beaten. These are the clients that Dr. Walker has worked with. I think I have to refer back to the comment that Dr. Straus made yesterday, that although we may have different numbers because we are looking at different populations, our data suggest one thing that we all agree on, and that is that domestic violence is a tremendous problem.

There are a lot of families in which the different members are being beaten up, and I think no matter how you collect the data there are only going to be slight differences in the final analysis.

Mr. GALLAGHER. You mentioned psychological battering, Dr. Walker. I assume you also understand that husbands can be psychologically battered as well, and perhaps a woman can best a man in that area. Perhaps on an average they could outdo him at psychological battering. In your surveys, have you talked to battered husbands at all?

Dr. STEINMETZ. Yes.

Mr. GALLAGHER. Have you talked about the psychological as well as the physical aspects?

Dr. WALKER. Yes, I would echo what Dr. Steinmetz has said. It depends on what questions you ask, as to how you get some of your statistics. What I say when I used the figures 99 out of 100 is that the syndrome that I call the battered-spouse syndrome—it is absolutely true that we do have men who are severely battered as are woman, both psychologically and physically—show that battered men are a rarity.

I am saying out of every 100 couples with a domestic violence syndrome, in 99 cases it is the woman who is being beaten. That doesn't mean she doesn't hit him. It doesn't mean she doesn't defend herself. That doesn't mean there is not psychological abuse or retaliation going on, but she is primarily the helpless victim in the syndrome. She is the one who is powerless and has the difficulty. In one of those cases it is a man. If you look at Dr. Steinmetz's figures, she estimates less than beaten.

Mr. SCHEUER. Let's try and stick to the presentation because we will get to the panel in the end. We are running quite far behind. Let's move on to Dr. Tobey Myers, Ed. D., Texas Research Institute of Mental Science, Houston, Tex.

[The prepared statement and a biographical sketch of Dr. Myers is as follows:]

Statement: House Committee on
Science and Technology
Toby Myers, Ed. D.
Texas Research Institute of
Mental Sciences
Houston, Texas 77030
713/797-1976 #269
February 15, 1978

Statement: House Committee on Science and Technology

My name is Toby Myers, and I am employed at the Texas Research Institute of Mental Sciences (TRIMS), Houston, Texas. I have been a victim of and a participant in household violence. In 1975, during a Passover Seder in our home, my husband as he had many times in the past began menacing me with innuendoes, verbally abusive remarks, and veiled threats. During the course of the evening, he consumed a fair amount of liquor, and I sensed another beating to be imminent. Later, while he went to the bathroom, I encouraged our remaining guest to stay a little longer and help me talk him down. Ironically, even in telling the guest that I was fearful, I felt guilty for exposing my husband. During another of his bathroom trips, I excused myself and removed a heavy, marble statue from its place on a desk and hid it under our bed; I was afraid that I might not be able to talk him down and was determined not to suffer another beating. Having seen the evening's conversation move to a more pleasant tone, our guest left. As soon as my husband and I got into bed, he resumed the intimidation. When he got to his most terrifying threat, one that I had heard repeated so many times that I knew it by heart, I knew that there was no turning back, so I reached under the bed and pulled the statue up with me so I would be prepared. All the while, I was entreating him to stop talking and go to sleep. I assured him that we could talk more in the morning. I told him how frightened I became when he spoke so. Undeterred, he seized me by my hair and drew back to hit me. His blow never landed. I hit him first. He fell back into the pillows. Stunned for a minute, I realized that I would have to hit him again. He had told me many times that if I ever hit him, I would have to kill him, because if I did not he would kill me.

What ensued was a long and complicated divorce replete with the children being taken from the house, an assault to murder charge, an expenditure of an inordinate amount of money, and an enormous mental and physical strain on my children and myself. After more than two years, the légal battle in the domestic court still wages. Because of strong support systems--some, but not much money, a job, an education, good friends and family, I was able to survive this personal holocaust.

After this incident and probably to an extent because of it, I developed an intense interest in the problem of domestic violence. That summer I noted an article in the newspaper about Erin Pizzey and the Chiswick Women's Aid. In November of 1975, I heard that a reporter for the Houston Chronicle was interested in doing an article on wife beating. I contacted her and worked with her on a story. When a radio reporter called and asked what TRIMS was doing about wife beating, our Director of Information, who knew of my interest, referred the call to me. I had asked the TRIMS librarian to watch for articles in journals and help me retrieve them.

He told me of another person at TRIMS interested in wife beating. She and I began discussions and soon approached another of our coworkers Karen Howes Coleman in the Marriage and Family Clinic about her working with patients involved in domestic violence. She consented. The three of us subsequently wrote and submitted a grant to the National Institute of Mental Health entitled Family Violence: An Intensive Intervention.

I had become active in a newly formed ad hoc committee of the YWCA whose task was to survey the problem of domestic violence in Houston and investigate the feasibility of developing a shelter for women in crisis. In most cities, the YWCA maintains residence facilities for women. In Houston, it does not, but it was getting calls from women in crisis seeking shelter. The committee was comprised mainly of professionals in the community working in agencies that had some involvement with battered women. One of the tasks of the committee was for members to document those victims of household violence in our agencies. At TRIMS, we began asking questions about domestic violence of referrals who had contact with our screening section. We found that many referrals did not present with problems of domestic violence, but that when they were asked direct questions, they often reported domestic violence.

Because she was my friend and had provided me with emergency shelter that night in March of 1975 and because she was interested in the problem, Coleman began treating patients with histories of domestic violence and has developed her clinic's program. Papers from that research have been submitted to this committee. She and I were aware from our talks about my experience that probably many battered women wanted to stay in their marriages and were committed to making them succeed. In that case, then therapy involved the goal of the couple's being together. Coleman prefers brief couples therapy if she finds that the pathology in the partners is not severe, that the severity and frequency of the violent episodes are not long standing, and that alcohol is not involved. Otherwise she prefers individual therapy for each of the partners. In some cases she has found therapy to be a waste of time. One husband described in detail a well thought out plan in which he inflicted violence on his wife. His previous marriage had episodes of wife beating in it also. He desired drugs from the therapy and when he was convinced that none would be available to him, he terminated his therapy. Coleman believes that if there is a lever in the therapy, results can be facilitated more effectively. She would like to see a place where each partner could go for separate residence during therapy with the eventual goal being their return home.

Coleman conducts a group for women who have made the decision to leave their marriage or relationship. Some of the women in the group have returned to their husbands. She has found it effective to listen, but not to agree with the woman when she talks about her husband or partner. That way she does not collaborate in the story of how awful he is. If the woman returned to the man for a trial reunion and it did not work out, she was more likely to return to therapy.

A trend Coleman noted, but has not yet researched is that women who are successful in therapy--whether they stay in the marriage or leave it--are the women who were not subjected to violence as children.

TRIMS attempted a men's group, but it folded because of attendance problems. Currently the men are seen in couple's or individual therapy. There ~~is~~ data from 35 men's interviews and it will be analyzed. Th~~is~~se data include the man's version of the violence, the family backgrounds, the structured questionnaire, the Bem Sex Role Inventory and the Minnesota Multiphasic Personality Inventory.

The problem of domestic violence is viewed as threefold. Bruce Rounsaville of Yale University cited in his presentation at the American Psychiatric Association Annual Meeting in Toronto, May, 1977, psychological factors, factors in family structure and societal norms. Major psychological factors include conflicts of dependence-independence and intimacy-autonomy. Rounsaville spoke of the "intense, exclusive, and tenacious dyadic relationship in which the couple is enmeshed." Margaret Elbow, Executive Director of the Lubbock, Texas, Family Service Assocaition (Social Casework: November, 1977, p. 515) described the "destructive, but almost indestructible bond with violent marriages." The societal problem of violence is well explained by the sociologists Straus, Steinmetz, and Gelles. Coleman, Myers and Holley in a paper entitled Sex Role Stereotypes: They Contribute to Violence delivered at the American Psychiatric Association 1977 Meeting in Toronto described the adherence to sex role stereotypes in the TRIMS sample. Society has condoned some kinds of family violence and the traditional intervenors have failed to provide adequate remedies. At TRIMS some of the domestic violence patients were assisted in constructing family geniograms in which many were able to trace the family violence from one generation to another. Family structure encompasses stress factors such as unemployement, illness, and catastrophies. The more stress in the family, the more likely a violent outburst. Status inconsistency reveals a power imbalance in the spouses. Force may be used to equalize the power. A Houston Chronicle article on January 29, 1978 revealed that husband beating too was a problem. It most often occurred when the husband was ill, old, or smaller than the wife.

Problems encountered in working with domestic violence patients at TRIMS have been with the reluctance of other staff to accept these patients in therapy. Other therapists in the Marriage and Family Clinic made statements indicating that "those" kind of people do not belong here. Supervision and inservice training with staff has examined the counter-transference of staff. Most of the research at TRIMS and research reported elsewhere is clinical research. I would call attention to the need for outcome research and follow up studies at different intervals.

Each place we have visited that provides services for battered women spoke to the need for children. The research proposal submitted by TRIMS incorporates a treatment component for children. TRIMS now has a patient advocate who will "walk" patients through the other agencies that are providers of services (legal aid, food stamps, welfare). I would hope that governmental funding would be to those projects that would include services to all the family.

A national federally funded program of shelters for abused women is sorely needed. The rise of the shelter phenomenon can be credited to the women's movement, but there is not money to maintain it. Of course there are problems other than funding apparent. In some cases the abused woman leaves her utter dependency on her husband only to acquire a new dependency on an extreme doctrinaire feminist group. This is neither inevitable nor prohibitive. Shelters must provide the woman with the relief from the terror and with the quiet freedom in which she can reconstruct her life on her own terms. Shelters should stress non-violent methods of child rearing.

Adequate communication between service providers is another area of need. Many of these services are staffed skeletally and provision is needed for transmission of ideas to others. Funding for a communication clearing house could help services providers each from having to "discover the wheel."

In Houston, we are planning a comprehensive women's center which will address itself to the needs of all women. It will be a place that these needs can be served in a coordinated, systematic way that would maximize the sharing of services and existing community resources, reduce administrative costs, and prevent overlap of services. The proposed center will provide meeting rooms for groups concerned with the status of women, temporary housing for abused women and others in need of shelter. Services will be provided for children. In general the center will be geared to helping all women expand the scope of their lives. I am committed to seeing this center become a reality and because of this committment serve on the executive board. I would hope to see funding approved for a center of this kind.

The societal tolerance of violence is one that I fear we will not see cured in our lifetime. It will take time for subtle changing and reorganization. We can work with they symptoms and attacking them is not a futile act. Women have been told that they are beaten because they provoke, encourage, and enjoy it. A woman may return to her tormentor time and again in hopes of making wholesome the relationship. She may rid herself of a husband who knocks her down stairs, breaks her cheekbone, demeans and debases her. She has been accused of searching again until she will find another who will satisfy her need to be beaten again. Women like being humiliated, dehumani[illegible] degraded, and battered about as much as men--that is [illegible] like it not at all. In my [illegible] family there now resides a precious calm. There are no more physical confrontations or even severe verbal assaults. The man with whom I now share my life has demonstrated for me a way that I want for myself and for my children. It has not been easy--the old way was strongly entrenched, even though abhorrent. Because the rewards were there, the model strong and our motivation great, I am jubilant to report that though I met almost every characteristic described in battered wives, I nor many of my sisters meet the most insidious of all that says we will repeat.

Biographical Sketch

Toby Myers was born in St. Louis, Missouri, on May 4, 1937. During the time she was in elementary school, the family moved to Texas--first to San Angelo and then to Amarillo. She received bachelor's (1959) and master's (1965) degrees in education from the University of Texas in Austin, and a doctorate in education from the University of Houston (1976). Her early work was in educational settings. For the past 12 years, she has been at the Texas Research Institute of Mental Sciences in Houston, Texas. During those years she has served in the outpatient clinic, the drug abuse clinic and is currently working in the clinic which treats the very young patient and his/her family. Her duties include management, supervision, training and evaluation.

Her interest in domestic violence grew because of personal involvement. She has co-authored a grant proposal which has been submitted to the NIMH, has been active in the Coalition for Abused Women which has become the Abused Women's Council of the Houston Area Women's Center. She is currently working on a grant proposal for the sheltering of abused women and their children within the Center.

She is the mother of a daughter and two sons.

STATEMENT OF DR. TOBY MYERS, ED. D., TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCE, HOUSTON, TEX.

Dr. Myers. My knowledge of battered women comes not from academics or research involvement, but from personal experience—I have been a battered wife. Though many with whom I have come in contact suspect, I have never before made a public statement about my being battered. Because I am physically more than a 1,000 miles away and because experientially I am several years beyond, I feel my statement could be appropriate, dispassionate, and meaningful to this committee.

My extrication from the relationship occurred before the rush of national interest, and it left me very sensitive and attuned to the problem of domestic violence. I had experienced firsthand the failure of the intervenors as is now well documented in the literature. There has been resistance, but breakthroughs on all fronts for battered women are occurring.

The agency in which I work is called the Texas Research Institute of Mental Sciences—TRIMS. It is a large center which is part of the Texas Department of Mental Health and Mental Retardation which is responsible on the mental health segment for the operation of community mental health centers and State mental hospitals. TRIMS is the unique facility for the department's research, though it also trains and gives care.

What I find of special interest is that this huge, statewide research institute whose mandate it is to be in the forefront of research issues that are relevant to mental health was not involved in anyway or even particularly aware of work with families involved in conjugal violence. Had it not been for me, we would not have developed a program for battered women. Because of my efforts and efforts of other interested women at TRIMS, there is currently a very active program for those involved in conjugal violence. The point I am making is that it is indeed curious that the most progressive entity of the TDMHMR system would have nothing for this population were it not for some staff level employees. There has not been much high-level attention paid to the work on this project at TRIMS; however, it must be stated that when an article in the statewide TDMHMR newsletter published a story about that work, TRIMS was inundated with requests for information. The interest is there. TRIMS is being looked to for answers.

This committee is seeking advice from this panel as to Congress can best become involved. I would certainly hope funding go to a healthy combination of research and service and neither be sacrificed. Much of the research done so far has been descriptive and clinical Outcome research on the domestic violence problem is requisite. Also I would hope careful attention be paid to the follow up o fany funded research. The timing at which outcomes are evaluated is often critical. Provision should allow for studies being revised for improvement. At Interval House in Toronto, I remember asking about a statement made in Del Martin's book "Battered Wives" regarding a woman at Interval House only one stay at the shelter and repeats not being allowed. Since the book was written, we have learned that battered wives make numerous attempts at leaving and that one-stay rules are not good ones. The people at Interval House assured me that they no longer had the rule.

I would further hope to see funding directed toward reforms within the training and practice of the intervenors. Morton Bard, who was scheduled to appear before this committee, has developed crisis intervention for police departments. Emergency room personnel need development and implementation of treating battered spouses. Finally the laws themselves should reflect abhorrence of violence and the judicial system should be empowered to enforce these laws. Legislation not directly involved with violence, but necessary and requisite to sustenance outside of marriage is critical—this includes law for child support enforcement. Requirements for public assistance need to be reasonable.

To conclude, I would like to congratulate this committee on its choice of witnesses. I feel as though I am in esteemed company.

Mr. **Scheuer.** Thank you very much, Dr. Myers.

Next we will hear from Dr. Anne Flitcraft, postdoctoral fellow, Center for Health Service Research, Yale University.

[The statement of Dr. Flitcraft is as follows:]

BATTERED WOMEN: AN EMERGENCY ROOM EPIDEMIOLOGY WITH A DESCRIPTION OF A CLINICAL SYNDROME AND CRITIQUE OF PRESENT THERAPEUTICS

Statement
By
Dr. Anne Flitcraft
Yale Medical School

Before the

Subcommittee on Domestic and International
Scientific Planning, Analysis and Cooperation

February 15, 1978

MR. CHAIRMAN, MEMBERS OF THE SUBCOMMITTEE:

The bright lights of the emergency room and crisp order of the staff define the atmosphere where the crises of daily life, the complex knots of culture, economy, work and love are whittled into "diagnosis and treatment." A few patients break through the anonymity to become well known either because of their illness ("sickler, acoholic, asthmatic") or their persistence ("neurotic, hysteric"). But the majority pass through ritual and limp homeward with a clean slate.

Confronted with this situation physicians are quick to share their frustration with emergency room patients who use the service "incorrectly" and "ought" to utilize the clinics and primary care centers. In spite of the so-called crisis in health care which makes evident the abysmal lack of care available to most individuals, physicians cling to the notion of an "emergency" as an immediate life-threatening event.

The struggle about resource utilization is really a struggle about diagnosis. Patients triage themselves to the emergency room, and despite the complaints of staff, it is in the end, the community which defines the needs a medical facility must meet. However, this definition is not always immediately apparent for it is hidden within the complex categories of medicine which mystify social collectivity.

This research is an experiment in reconstructing that collectivity from the individuated histories of women seeking aid. Literally thousands of woman-years are represented in the records of these women. In this sense, we are not discussing an "epidemiology" nor a "clinical syndrome" but the history of the struggle women have waged to define medicine in the context of social reality beyond the examining room.

The history of women in medicine is a vicious one, marked by septic abortions, sterilization abuse, forced mental hospitalization and suicide attempts on prescribed medications. It is the history of women "allegedly" raped and others "allegedly" beaten by husbands. It is a struggle in the deepest sense, and this work is dedicated to its continuation and eventual victory.

REVIEW OF THE LITERATURE:

In the spring of 1970 a community center for women opened in the town of Chiswick, just outside of London, England. It was to be a day care center and a place where housewives could overcome the isolation of their nuclear homes to collectively meet the growing economic crisis within the British Isles.

But one woman brought her children to the center and asked for permission to stay as she needed refuge from the continual beatings she suffered at the hand of her husband. Her request was granted and each day thereafter more women came with the same request. In short time more than fifty women and children from the town of Chiswick were living in four rooms and the first shelter for battered women was established. Chiswick House is now located in a large rambling home and is only one of more than seventy shelters which have been established throughout the United Kingdom.(1)

Widespread publicity and battles with the government over housing regulations prompted Parliamentary hearings on the problems of battered women. In the midst of a growing national scandal, British physicians were forced to consider the issue.

> "He hit me with his fists, feet and bottles, smashing me to the floor; then he started to kick, sometimes with repeated blows to the face ... he has tried to strangle me ... During my marriage of nearly four years I have received constant bruises all over my body, this has been more so during pregnancy. I have received black eyes, cut lips and swollen nose. Most of my bruises have been to the scalp where they do not show. On one occasion I had bruises to the throat and abdomen and was unable to speak; on admission to hospital I was found to have multiple injuries and broken ribs."(2)

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J. J. Gayford's study of 100 women living in Chiswick House finds that the above account is typical. He notes that the majority had turned to their general practitioner for aid and 71 were taking anti-depressants or tranquilizers. Twenty one women ahd been treated for "depression" with chemical or physical agents. One half of the sample population had tried to commit suicide at least once but a majority admitted "it was only to draw attention to their plight or to get away from the situation."

These women had tried to leave their husbands many times before finally coming to Chiswick House. They had returned to the marital home however because of promised reforms, threats and actual demonstration of further violence, because children had remained in the marital home or simply because there was "nowhere else to go." "Only eight went back because they felt love or sorrow for their husband."

Gayford notes that women had sought help from a range of social services with no resolution of the problem. Women had turned to the police, solicitors, Citizen's Advice Bureau and physicians prior to seeking refuge at the shelter. But the very nature of the problem imposes a dilemma for traditional social services for they presuppose a sanctity of the marital home and deny the need for protection of women while long term solutions are in process. For instance, the failure of the legal system is inevitable so long as a woman is living with her husband for the "threat of further violence is more powerful than legal sanctions, resulting in most cases being withdrawn before they come to court ... probation and a suspended sentence may result in violence ... short prison sentences release a man who has changed little and has grounds for an increased grudge against his wife."(2)

Gayford's in depth experience with the women of Chiswick House convinced him that "most wives were subjected to repeated violence because they had no alternative but to return to the marital home ... (and) places of sanctuary are needed."(2)

Fonseka underscores the importance of battering as an etiology of injury among women in his description of battered women seen in the emergency room of King's College Hospital in England. He found that battered women constituted 60% of all women admitted for treatment of injuries suffered in an assault. The pattern of injuries of such women showed a clear predilection for the face. Battering once established, apparently tends to escalate in its severity over time for "when the older woman suffered trauma at the hand of her consort, she was noted to suffer a relatively more severe injury."(3)

Increasing divorce rates (4), studies on child abuse (5,6) and research on the criminology of domestic crime (7,8,9,10) suggest that family life in America is more like conflict management than blissful harmony.

The magnitude of wife-beating is suggested by Wolfgang's findings that between 25 and 50% of all reported homicides and assaults occur within the family. (7) This finding was later confirmed (10) while other studies estimate that between 17 and 37% of all divorces are attributed to primarily physical abuse (4,11,12).

The most common generalization in early work on wife-beating is that "violence is as American as apple pie" particularly among lower-class males (13). Advocates of this "culture of poverty" theory (14,15) hold that for males in low income communities, battering may well be normative behavior. Chester and Streater (11) found a higher incidence of physical abuse among lower and working class families than families with a high socio-economic status while Lystad found that "class (income and occupation) was a more important predictor than race (16). Steinmetz suggests however, that occupational environment rather than wage scale is a better indicator of potential battering (17).

There are important trends which appear to contradict the theory of a class specific etiology of battering. Strauss finds no difference in the attitude toward physical violence among working class and middle class parents (18). A study of one wealthy Maryland suburb found that domestic complaints of physical abuse of women ran into the hundreds each month (19) while a comparison of a district in Harlem to Norwalk, Connecticut reports no significant difference in the incidence of domestic violence within these radically different communities (20).

How can one explain wife-beating? Some argue that men who are beaten as children grow into adulthood to beat their wives and children (21) while women beaten as children are likely to accept abuse in adulthood as normal (22). Exchange theorists point to the interactional history of particular couples and suggest that a wife's "passive-aggressive, seductive or independent behavior" may lead to domestic violence (23A, 23B, 15). But the Dobash's work suggests that the family itself may be the source of violence as battering emerges around demands for women's services (cooking, cleaning, child-care, money management and sex) within the home (24).

The socialization of males in American society has been noted as a source of violence. Whitehurst found that 12% of his male sample felt justified in using force in response to marital infidelity and 33% thought that violence against women could be "an act of love" (25). Goode points out that the capacity of males to use violence within the family derives from their superior resources outside of the family (26). Strauss and Rodmen would add, however, that cross-cultural studies suggest that male authority within the home seems to follow from male authority over social resources only when male *superiority* is a value maintained by culture and social institutions (27A)

In American society, in which the complex of male superiority as a value, male authority over the home and male domination of social resources underpins the relationship of every woman and man, women who are battered find little help in traditional social service settings. There is virtual consensus that the police, courts, welfare and social work agencies, hospitals and mental health clinics have failed to respond adequately to the problems of battered women.

Bannon points out the training of police prevent them from viewing the battered woman as a victim with independent claims for help and safety (28). Police may be officially instructed *not* to interfere in family disputes (29). In some states, husbands are permitted to assault their wives provided that injuries are not "severe" (30). Doctors treat battered women with anti-depressants, electro-shock therapy or mental hospitalization and label their problem "depression." (1,2,3,15). It is not difficult to understand why some researchers have noted that the present response of major institutions has contributed to rather than alleviated the problems battered women face (24,31, 22,27).

The fact that there are virtually no adequate services available to battered women re-enforces and rationalizes the response of medicine, the courts and police. It encourages the continual reshuffling of such women into and around existing services. At a point where a woman "fits" into an existing diagnostic category she is able to get "treatment." When she is injured, she gets surgical help. When she is depressed, she can get drugs. When she tries to commit suicide she can enter the mental hospital. When she is finally addicted to alcohol or drugs she can enter a "detox" program.

Too many women understand too well the battered woman who writes: "I have learned that the doctors, the police, the clergy and my friends will excuse my

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husband for distorting my face, but won't forgive me for looking bruised and broken. I have learned that no one believes me and that I cannot depend upon any outside help. The greatest tragedy is that I am still praying and there is not a human person to listen. All I have left is the hope that I can get away before it is too late." (20)

METHODOLOGY: STRUCTURAL CONTEXT

A continual confusion and abiguity will persist throughout this presentation unless the reader is aware that this is a study of the continual interaction of a medical care system and battered women. In one sense, this limits the analytic framework so that broad generalizations about battering per se, its magnitude and implication in the society at large cannot be reached. In another sense, this is a strength of the present work in that it is a study of battering and its impact upon a medical care system and, conversely, a description of the results of patient-physician interactions.

The methodology is imbedded in an understanding of battering as a phenomenon with historic dimensions as well as the assumption that medical records are a reflection of the relationship that exists between a particular patient and this hospital complex. While this relationship may span many years for some patients and only a single event for others, in each case the record constitutes a particular, individualized relationship which may be determined by socio-economic and geographic as well as medical variables.

In other words, this is a view of battering from the limited vantage point of medicine's own records; in this it is as much a commentary on medicine as it is a description of battered women.

In previous presentations of this work, many have asked "how can you compare the records of one woman who has used this hospital for many years with the record of another who has only recently used this hospital?" In essence, the question is whether one can utilize historic data in order to describe a present phenomenon? To the first aspect, I would claim that in each case, time is not the relevant constant, but interaction with the hospital is the relevant constant from the perspective of the medical care system; time, extent and historicity are descriptions of the interaction, but do not constitute the interaction either from a patient's view or the clinicians'. To the second dimension of this critique, I would claim that there is, in fact, no other viable means of describing the present as abstracted from its history. To chose to do so is an ideological rather than methodological distinction. The disaster of an ideology which locates diagnosis within the individual event, abstracting that event from its history and social context is well described in the case study of battered women.

METHODOLOGY:

SAMPLE: The initial sample consisted of all medically adult women who sought aid for injuries of any kind at the Yale-New Haven Hospital Emergency Room in December of 1975. The initial sample included 520 women between the ages of 16 and 98.

DE FACTO SAMPLE: Data was gathered from the files of Medical Records at Yale-New Haven Hospital and such files were available for 481 women (92.5% of the sample). Records were not found for 39 women (7.5% of the sample) due to insufficient or erroneous identification, and records lost to clinics and individual physicians. All data analysis in the study is, therefore, based upon a sample size of 481 women.

TRAUMA HISTORY: Each traumatic episode in a patient's medical record was classified in one of the following categories:

- positive: injury was attributed to spouse or boyfriend in the medical record of the event.
- probable: patient was beaten, kicked, hit, punched, but no personal etiology was noted.
- suggestive: the recorded etiology of the injury did not seem to adequately account for the injury (i.e. fell down stairs and got two black eyes.)
- negative: nothing in report of injury would raise suspicion that injury was result of battering; includes anonymous assault and muggings.

Data gathered for each episode included patient's age and marital status, the context, method and personal etiology of the injury, the type and location of the injury, whether patient was pregnant, medications prescribed in the emergency room as well as disposition and referrals patterns recommended at discharge from the emergency room.

PATIENT CATEGORIZATION: Patients were assigned to one of four categories based upon their trauma histories. If any injury in the trauma history was positive, then the patient was categorized as positive (battered) regardless of the description of other injuries in her record. If any injury in the trauma history was probable, but none were positive, the patient was categorized as probable (battering); and if any injury was suggestive of battering but none were positive or probable, the patient was categorized as suggestive (of battering). If every incident in the trauma history was negative the patient was categorized as negative (not apparently battered).

MEDICAL HISTORY AND GENERAL DATA BASE: Information from review of the medical record included descriptive data on race, religion, method of payment and usual care as well as Emergency Room utilization information for both medical and surgical services. Obstetrical history and marital status at time of delivery were likewise recorded. Finally, the date of onset of a host of problems was noted; these included alcohol abuse, drug abuse, family disorder, suicide attempt, rape, seizures, multiple vague medical complaints, and concern about abuse directed against children, psychiatric emergency room visits, Connecticut Mental Health Center use and commitment to Connecticut Valley Hospital.

METHOD OF ANALYSIS: Data was analyzed using a Data Text system primarily because of the capacity of this system to handle the cross-correlations between basic patient data and a variable number of injury incident reports.

PRESENTATION OF RESULTS

MAGNITUDE AND DIMENSIONS OF BATTERING

In order to understand the magnitude of the problem of battering as it confronts an emergency room which has yet to develop a therapeutic alternative, it is necessary to approach the data from several vantage points.

The overt prevalence or incidence of battering considers only individual events without benefit of historical information. From the standpoint of someone working in the emergency room for a brief period of time, it represents the "perceived" prevalence of battering. If the sample population is divided into categories of risk on the basis of only the December event which prompted contact with the emergency room, the following data emerges:

CATEGORY	CASES	PREVALENCE*
POSITIVE	14	2.8%
PROBABLE	25	5.2
SUGGESTIVE	47	9.8
NEGATIVE	395	82.2
	481	100.0

* prevalence = cases/total caseload

The present active prevalence emerges when battering is considered to be an ongoing problem as opposed to an isolated event. It represents the number of women who appear to be in relationships where they are physically abused. If the same population sample is divided into categories of risk based not only upon the December event, but also matched medical histories from January 1970-December 1975, the following data emerges:

CATEGORY	CASES	PREVALENCE*
POSITIVE	36	7.2%
PROBABLE	21	4.4
SUGGESTIVE	47	9.8
NEGATIVE	377	78.3
	481	100.0

*prevalence = cases/total caseload

If one further recognizes that battering is not only an ongoing problem but also one which may carry repercussions and risks to women even after they have resolved or dissolved an abusive relationship, then the historic prevalence becomes important. If the sample is categorized on the basis of all trauma history up to and including the December event, the following data emerges:

CATEGORY	CASES	PREVALENCE*
POSITIVE	41	8.5%
PROBABLE	21	4.4
SUGGESTIVE	50	10.5
NEGATIVE	369	76.6
	481	100.0

*prevalence = cases/total caseload

One further refinement is to recognize that since battering is a phenomenon with historic dimensions, one can increase the accuracy of prevalence data by including a short glimpse into the future. In other words, for research purposes one can utilize data from 1976 to shed light on the question of whether a woman was injured in an abusive relationship in December of the previous year. The documented prevalence of battering is reached by categorizing patients on the basis of the entire trauma history accumulated through March of 1976:

CATEGORY	CASES	PREVALENCE*
POSITIVE	46	9.6%
PROBABLE	23	4.8
SUGGESTIVE	51	10.6
NEGATIVE	351	75.0
	481	100.0

In order to test the hypothesis that battering is an historic phenomenon rather than an isolated event, consider for a moment, the implication of that hypothesis. One would expect to find that if battering has an historic dimension and it tends not to be resolved within the present social service network, that once a woman comes to the emergency room apparently battered she would be likely to return again battered. The converse, of course, is that women seen in the emergency room apparently battered in December would be likely to have trauma histories independent of the December event which corroborated the clinicians index of suspicion. Construction of a simple 2 x 2 table to test the relationship between the population judged to be at risk in December and the group judged to be at risk on the basis of other medical records shows:

		MEDICAL RECORD EVALUATION	
		AT RISK*	NOT AT RISK
EVALUATION OF DECEMBER EVENT	AT RISK	57	25
	NOT AT RISK	38	351

*AT RISK = positive,
probable &
suggestive

x^2 significant at $< .001$

It is possible to quantify the historic dimension of battering within this sample by considering the ratio of present active prevalence to historic prevalence. If many women were able to resolve a battering relationship in the contex of present social and political options, one would expect to find a present active prevalence which was significantly smaller than the overall historic prevalence. In fact, however, this is not true and one finds that for positive cases

$$\frac{\text{present active prevalence}}{\text{historic prevalence}} = \frac{7.5}{8.5} = .88$$

If all patients who are judged to be at risk are considered, the same trend is replicated. Adding the prevalences of positive, probable and suggestive cases gives the prevalence for those at risk

$$\frac{\text{present active prevalence}}{\text{historic prevalence}} = \frac{21.7}{23.4} = .92$$

The converse of the above data would be to calculate a

$$\underline{\text{resolution}}\ \underline{\text{index}} = \frac{(\text{historic prevalence - present active})}{\text{historic prevalence}}$$

positive resolution index = (8.7-7.5)/8.5 = .12

at risk resolution index = (23.4-21.7)/23.4 = .08

IMPACT UPON THE EMERGENCY ROOM SURGICAL SERVICE

The data presented on prevalence of battering is one measure of its impact on the emergency room. However, the prevalence data is based upon patient categories and, therefore, presumes that the impact or service utilization of battered women is the same as their non-battered counterpart. In order to understand more realistically the demands that battered women raise to emergency room trauma services, one needs an understanding of the difference between the rate or extent that battered and non-battered women utilize emergency medical services.

It has been shown that battering is a phenomenon with a time dimension. Therefore, to consider its overall impact upon emergency services one must recognize and use the time dimension.

In the collective lives of this sample of 481 women, 1419 injuries prompted emergency room visits. These injuries were coded and fell into the following categories:

positive	75	5.3%
probable	157	11.0%
suggestive	183	12.9%
negative	1004	70.8%
	1419	100.0%

When these same 1419 injuries are regrouped according to overall patient categories, it is clear that battered women account for far more injuries than their representation in the sample population would suggest:

PATIENT CATEGORY	% OF SAMPLE	# OF INJURIES	% OF TOTAL INJURIES
POSITIVE	9.6	319	22.5
PROBABLE	4.8	152	10.7
SUGGESTIVE	10.6	193	13.6
NEGATIVE	75.0	755	53.2
	100.0	1419	100.0

In other words, the mean number of injuries per patient is higher for battered than non-battered women. When one considers only injuries which have occurred in "medically" adult life (patient is 16 or older) the following is found:

MEAN TRAUMA INCIDENTS/PATIENT

POSITIVES = 6.35

PROBABLE = 6.26

SUGGESTIVES = 3.08

NEGATIVES = 1.83

In order to control for age and years of living in proximity to this emergency room in investigating the frequency of injury of battered and non-batterd women, one can calculate an *adult trauma index* for that portion of the sample which has at least two injuries reported in the medical records of this hospital:

$$\text{Adult Trauma Index} = \frac{\text{number of injuries}}{\begin{array}{l}\text{span in years between}\\ \text{first and last adult injury}\\ \text{recorded in medical record}\end{array}}$$

ADULT TRAUMA INDEX

POSITIVES = .973

PROBABLES = 1.127

SUGGESTIVES = .822

NEGATIVES = .346

The *adult trauma index* represents the number of injuries per year. It furthermore helps to clarify the status of women in the suggestive category. On the basis of simply mean number of injuries, these women appear to be more similar to non-battered women. However, when these injuries are normalized over time, as by the adult trauma index, they clearly are injured at a *rate* which is more similar to battered women. They may well be women who are at the beginning of a physically abusive relationship with an accumulated history to date of only a few injuries but these are being accumulated at a high rate in the course of only a few years.

It is clear then why it is that battered women account for an abnormally high percentage of the total injuries within the sample. They are injured more frequently, and these more frequent injuries are the result of battering, not accidents. The following table supports this conclusion:

POSITIVE PATIENTS (9.6% of caseload) ACCOUNT FOR:

100% of the POSITIVE INCIDENTS
48% of the PROBABLE INCIDENTS
25% of the SUGGESTIVE INCIDENTS
12% of the NEGATIVE INCIDENTS

The disproportionate need for emergency room surgical services by battered women appears to be due to repeated deliberate assault. The slight disproportion of negative incidents may be a reflection of methodological error or may in fact represent the real increase risk of accidental injuries incurred within a violent household.

But the reader must understand the data in personal terms as well. Most women do not experience many injuries which demand emergency room intervention and for 60% of the non-battered women in the sample, the event of December 1975, was their first such injury. But, this was true for only 6% of battered women. If we continue this line of arguement, the contrast between these women is even more marked:

# OF PRIOR INJURIES	% OF NON-BATTERED	% OF BATTERED
NONE	60%	6%
ONE	24	11
TWO	9	16
THREE	4	15
	97%	45%

In order to include 97% of the battered population in the above table, it would have to be expanded to include twenty prior injuries.

DESCRIPTION OF INJURIES AND EVENT

As in every other arena of medicine, there is no substitute for a thorough medical history using both medical records and patient interviews in order to identify battered women. There are factors however, which appear to contribute to the development of an "index of suspicion."

Common sense would dictate that most people seek emergency room attention for a particular, discrete injury at a discrete location. Automobile accidents and falls are obvious exceptions because multiple injury locations are to be expected. Deliberate physical assault is likewise an exception. In fact, one can find a relationship between multiple injuries and battering as the following graph displays:

INJURY CATEGORY	NUMBER OF SITES OF INJURIES				
	4	3	2	1	
% OF POSITIVE	4	16	31	49	100%
% OF PROBABLE	3	8	27	62	100%
% OF SUGGESTIVE	2	3	17	78	100%
% OF NEGATIVE		1	11	88	100%

A further confirmation of this trend is evident when one considers that while patients may present with discrete injuries, they may well be described in medical notes as simply "multiple contusions, lacerations, etc. For instance, a given encounter may read "3 cm. occipital laceration and multiple contusions." In such a case, the patient was considered to have one "discrete" injury and multiple contusions. An independent consideration of those patients with such designation shows that

% OF INJURY CATEGORY DESCRIBED BY "MULTIPLE" INJURIES

POSITIVE	16%
PROBABLE	19%
SUGGESTIVE	8%
NEGATIVE	4%

The injury patterns of battered women appear to be significantly different from that of non-battered women. This is to be suspected if one considers a "body map" for risk of injuries. If the source of injury is work or household accidents, feet and hands are the most common location for injury. Deliberate physical assault however, carries a different "body map" of likely injury. As the following table of data indicates, battered women are more likely to present with injuries to the head, face, chest, breasts and abdomen while non-battered women are more likely to present with injuries to the forearm, hand, lower legs and feet.

% OF INCIDENTS WITH INJURY AT SITE

	POSITIVE	PROBABLE	SUGGESTIVE	NEGATIVE	TOTAL	X^2 significant at
HEAD	18	15	17	9	9	< .001
FACE	50	52	22	11	14	< .001
CHEST, BREASTS ABDOMEN	26	16	9	2	4	< .001
FOREARM OR HAND	12	10	22	30	21	< .001
LEG OR FEET	4	7	22	23	17	< .001

A further analysis of the data on this table will quantify in a different manner the relative risk of injury at a particular site for battered women.

$$\text{RELATIVE RISK OF INJURY} = \frac{\text{probability of injury at site in positive events}}{\text{probability of injury at site in negative events}}$$

SITE	RELATIVE RISK OF INJURY
HEAD	2.0
FACE	4.5
MULTIPLE	4.0
CHEST, BREAST OR ABDOMEN	13.0
FOREARM OR HAND	.4
LOWER LEG OR FOOT	.2

The problem facing a clinician in the emergency room is not so clear as the "relative risk map" (above) might suggest. In order to evaluate the usefulness of such a risk map from the standpoint of a clinician, it is necessary to analyze the data from another perspective. For example, while it is true that 50% of injuries-events positively attributed to battering entail facial injuries, it does not follow that 50% of all facial injuries are due to battering.

The following table displays the data from a clinician's view:

SITE	POS	PROB	SUGG	NEG	TOTAL	χ^2 significant at
HEAD	8%	15%	14%	63%	100%	$< .01$
FACE	13%	31%	10%	46%	100%	$< .001$
CHEST BREAST OR ABDOMEN	24%	32%	15%	29%	100%	$< .001$
FOREARM OR HAND	2%	5%	8%	85%	100%	$< .001$
LOWER LEG OR FOOT	1%	4%	8%	87%	100%	$< .001$
MULTIPLE	12%	33%	10%	45%	100%	$< .001$
(ALL EVENTS	5%	11%	13%	71%	100%)	

Two points must be understood about such injury mapping tables. First, there do appear to be injury patterns which are disproportionately related to battering, either positively or negatively, and this should serve to heighten the clinician's index of suspician in the case of injuries which are multiple, facial, head, chest, breast or abdominal injuries. Secondly, the clinician ought not to be lulled into an abandonment of his/her index of suspician solely on the basis of injury location. The fact that a patient presents with injuries to the feet, hands or head does not rule out battering as a possible etiology. In other words, this data is presented in order to encourage the heightening of the clinicians index of suspician, but is not to be understood as a substitute for a careful history and sympathetic patient interview.

A final note on injury patterns and description concerns the question of general severity of injury. One might postulate that battering leads to more severe injuries than other accidental causes. However, the clinician who uses such a standard or depends upon simple severity of

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injury to raise his/her index of suspician is making a serious error. If we consider hospital admission as one measure of severity of injury, we find that the incidence of hospitalization for injuries caused by battering does not differ from the incidence of hospitalization for injuries of other etiologies. For all the positive battering incidents in this caseload, surgical admission rate was 4%. For all the negative incidents in the caseload the surgical admission rate was also 4%.

This is not to deny or dispute Fonseka's finding that battering tends to escalate in its severity over time. Early in an abusive relationship, battered women may come to the emergency room for primary intervention in the abusive relationship rather than medical attention for an injury per se. In 11% of cases where a woman complained of assault by spouse or boyfriend, no evidence of specific injury was noted in the medical record, whereas only 2% of the negative population evidenced no specific injury (as, for example, women "to be checked" following a motor vehicle accident). Fonseka's suggestion of an escalating severity of attacks should serve to caution the naive physician against ignoring the real risks battered women face, and understand instead the severity of injury which is likely to occur if intervention is not available.

CONTEXTUAL DESCRIPTION OF POSITIVE EVENTS

The development of one's index of suspician is not, of course, limited to a consideration of injuries. One might suspect that battering is a function of age - and within certain limitations this is obviously true and a truism ie) children abused at age 6 are not considered battered women. However, considering the medically adult population, there does not appear to be any correlation between a patient's age and the likelihood of being battered.

Mean age of adults with injuries	33.7 years
at positive incidents	28.01
at probable incidents	28.27
at suggestive incidents	32.29
at negative incidents	35.46

χ^2 is not significant

One might also postulate that the presence of children, and the number of children, in a home might have a positive or negative effect upon the likelihood of battering (that is children contribute to the stability or turmoil of a relationship). However, analysis of this sample reveals that the number of children in the family does not differ significantly between battered and non-battered women:

Mean number of children

Total sample	2.626
Positives	2.697
Probables	2.533
Suggestives	2.552
Negatives	2.634

Pregnancy however, does appear to be related to battering. Pregnancy at time of trauma was established either positively or negatively by evidence from the medical records. Those cases where no definitive evidence was available to either establish or discount gravidity at the time of trauma were considered as blanks, but for purposes of data analysis, they were considered as not pregnant.

MINIMUM %AGE OF INCIDENTS WHERE PATIENT WAS GRAVID

POSITIVE	7%	OF	TOTAL	ALTHOUGH	(DATA AVAILABLE IN ONLY 55%)
PROBABLE	8%	"	"	"	(DATA AVAILABLE IN ONLY 40%)
SUGGESTIVE	2%	"	"	"	(DATA AVAILABLE IN ONLY 30%)
NEGATIVE	2%	"	"	"	(DATA AVAILABLE IN ONLY 74%)

These figures give a minimum estimate of the relationship between battering and gravidity. A maximum estimate can be reached by extrapolating the above figures to 100% of the incidents in each category, and would show the following:

ESTIMATE OF MAXIMUM
%AGE OF INCIDENTS WHERE PATIENT WAS GRAVID

POSITIVE	7/55 = 12.7%
PROBABLE	8/40 = 20.0%
SUGGESTIVE	2/30 = 6.6%
NEGATIVE	2/74 = 2.7%

MARITAL STATUS AT TIME OF INJURY

Battering is not confined to the legal relationship of husband and wife. While this constitutes the most common relationship of battering, other relationships both familial and extra-familial may be involved. The following table displays the range of relationships found in the present sample of positive cases.

RELATIONSHIPS IN POSITIVE CASELOAD

HUSBAND	54%
BOYFRIEND	32%
FATHER	5%
SON	4%
BROTHER	1%
FATHER IN LAW	1%
UNCLE	1%

Extrication from the legal constraints of matrimony however, does not necessarily guaranty an end to an abusive relationship. In fact, women who are separated or divorced as well as married are over-represented in the positive caseload:

MARITAL STATUS AT TIME OF INJURY AS % OF CATEGORY

	POSITIVE	PROBABLE	SUGGESTIVE	NEGATIVE
MARRIED	47%	16%	33%	30%
SEPARATED	11%	18%	13%	8%
DIVORCED	12%	15%	15%	6%
ENGAGED	1%	1%		
SINGLE	21%	32%	33%	43%
WIDOWED	1%	3%	2%	8%
NO DATA	7%	15%	4%	5%
	100%	100%	100%	100%

Calculation of the ratio of $\frac{\text{\% of positive incidents}}{\text{\% of negative incidents}}$ gives a rough estimate of the risk entailed vis a vis battering which is conferred by a particular marital status.

RELATIVE RISK INCURRED BY MARITAL STATUS

MARRIED	1.57
SEPARATED	1.37
DIVORCED	2.00
ENGAGED	can not be computed
SINGLE	.49
WIDOWED	.13

It is interesting to note that divorce increases the relative risk of battering and this should serve to underscore the difficulties that women face in safely extricating themselves from abusive relationships. A macabre note would call attention to the fact that, once married, the risk of battering falls significantly only for the widowed.

DISPOSITION AND TREATMENT

At the present time there is no therapeutic alternative for battered women seeking help at this emergency room yet as a composite group, they appear to receive treatment and disposition which are different than women injured in other contexts.

Battered women are more likely to leave the emergency room with a prescription for pain medication and/or minor tranquilizers than non-battered women. In fact, nearly one in four (24%) women who complain to medical personel "My husband (or boyfriend) beat me" leave with such prescriptions while less than one in ten (9%) of clearly non-battered women receive such medications. The distribution of medication at time of emergency room visit:

	PAIN AND/OR MINOR TRANQUILIZERS RX	
	% OF CASELOAD	% OF RX
POSITIVES	(5%)	10.0%
PROBABLES	(11%)	16.5%
SUGGESTIVES	(13%)	15.8%
NEGATIVES	(71%)	57.7%
	100%	100.0%

X^2 sign at < .001

No doubt that injuries deliberately inflicted by an intimate are more painful and upsetting; but pharmacologic salve appears to be a poor therapeutic choice given the previously presented evidence of the historic dimensions of battering and a dangerous choice in light of evidence to be presented on the risk of suicide attempts among battered women.

Disposition of cases also appears to be significantly different for battered and non-battered women. What is the present therapeutic alternative utilized by the surgical staff? Two points appear to be important. On the one hand, battered women are less likely to be followed in ER or surgery clinic for attention to their injuries. This may reflect the phenomenon previously discussed (pg. 22) of women seeking emergency room aid for intervention in the abusive relationship as opposed to aid for injuries that are the result of abuse. On the other hand, battered women are more likely than nonbattered women to be referred or committed to various psychiatric facilities by surgical staff. One is left with the undeniable data that, according to the surgical staff, a woman who complains "My husband (or boyfriend) beats me" has a psychiatric problem. It is not just a problem among the surgical staff however, as is revealed in the notes of a battered woman who was sent to the ER psychiatrist and was offered a short term stay in the Connecticut Mental Health Center. The woman refused with the retort, "But HE is crazy, not me."

CASE DISPOSITION

	POSITIVES	NEGATIVES
HOME	60%	75%
ADMIT SURG	4%	4%
F/U CLINIC	11%	20%
ER PSYCH	5%	1%
PSYCH CLINIC	3%	3%
CMHC	4%	-
CVH	3%	-

PSYCHIATRIC CONTEXT OF BATTERING

Clearly, psychiatric facilities are at present utilized as referral points for battered women. An immediate hypothesis which some might argue, is that psychiatric disorder among women is a cause or context for battering i.e. continued physical assault is the response of frustrated men to their emotionally disturbed wives. If this were the case one would expect to find the incidence of psychiatric problems among battered women prior to the onset of battering was significantly greater than the incidence of psychiatric problems among non-battered women.

For purposes of this analysis, the date of onset of battering is taken to be the date at which a woman first presented to the emergency room with injuries suggestive of battering.

COMPARISON OF PROBLEM INCIDENCE/100 WOMEN

	NON-BATTERED	PRIOR TO BATTERING*	X^2 significant at
PSYCH ER	7	9	NS
CMHC	3.6	4	NS
CVH	1	2	NS
SUICIDE ATTEMPT	3	6	NS
DRUG ABUSE	1	2	NS
ALCOHOL ABUSE	1	7	$< .001$

*POSITIVE CASES

The problem incidence/100 women is slightly increased in the battered population, but is not statistically significant. Evidence on the incidence of such problems after the onset of battering is to be presented and will substantiate the probability that the slightly increased prevalence of such problems is most likely a methodological error due to the inaccuracy of dating the onset of battering from emergency room records.

Alcohol abuse is the one exception in the above table and it appears that in a subset of battered women, alcohol abuse is significantly more frequent prior to the onset of abuse than it is in a non-battered population.

It seems therefor that prior psychiatric disorder is not a sufficient explanation of the general cause or context of battering; though alcoholism among women may constitute a specific context which describes a small subset of the battered population prior to the onset of battering.

PSYCHIATRIC IMPACT OF BATTERING:

The failure of adequate medical-social intervention has been alluded to in previous sections above; the consequences of such failure are widespread. In fact, one could argue that the isolation imposed upon battered women by medical personnel re-enforces, contributes and in this sense. *imposes* a psychiatric dilemma upon battered women with explosive repercussions.

If we consider specific psychiatric disorders such as suicide attempt, alcoholism and drug addiction on the one hand and psychiatric facility utilization as a marker of more general disorders on the other, we find that the frequency of such problems is markedly increased among battered women only *subsequent* to the development of a trauma history indicative of deliberate physical assault. Note that within this methodology this means such problems emerge subsequent to a woman's seeking aid in the emergency room for injuries resulting from battering.

COMPARISON OF PROBLEM INCIDENCE/100 WOMEN

	NON-BATTERED	SUBSEQUENT TO BATTERING	X^2 sig. at
SUICIDE ATTEMPT	3	26	< .001
DRUG ABUSE	1	7	< .001
ALCOHOL ABUSE	1	16	< .001
PSYCH ER	7	37	< .001
CMHC	3.6	26	< .001
CVH	1	11	< .001

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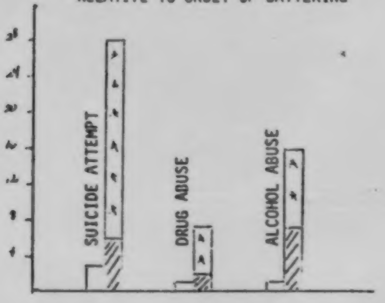
A graphic display of the comparative frequencies of such problems serves to underscore the impact of battering.

FREQUENCY OF PSYCHO-SOCIAL PROBLEMS /100 WOMEN
RELATIVE TO ONSET OF BATTERING

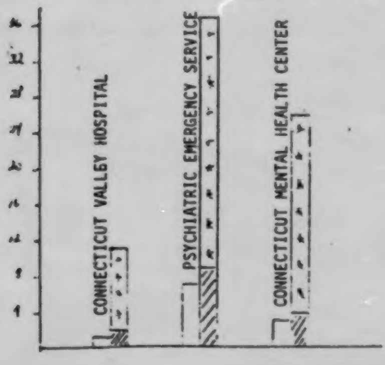


☐ FREQUENCY IN NEGATIVE POPULATION

▨ FREQUENCY IN POSITIVE POPULATION PRIOR TO BATTERING

⊡ FREQUENCY IN POSITIVE POPULATION AFTER BATTERING

FREQUENCY OF PSYCHIATRIC FACILITY USE /100 WOMEN
RELATIVE TO ONSET OF BATTERING



In short, we have shown that battered women are not only subjected to injuries far more frequently than non-battered women, but also that the present social service network interventions are inadequate to prevent the development of significant psychiatric sequelae.

In this sample:

28% of battered women tried to commit suicide
15% of battered women abused alcohol
9% of battered women abused drugs
37% of battered women used the psych ER
28% of battered women used the CMHC
15% of battered women were sent to CVH

and as shown above, the vast majority of such problems began after first seeking aid for injuries suggestive of battering. In other words, had medical personnel recognized the significance of battering and utilized an index of suspician in the management of such cases, the serious sequelae noted above might well have been prevented.

DESCRIPTION OF PROBABLE AND SUGGESTIVE POPULATIONS:

If, as hypothesized, injury patterns can be used to categorize deliberate physical assault then women who were categorized as suggestive or probably battered women should also manifest similar patterns of risk for the various psychiatric problems outlined above.

We might further hypothesize that those women who directly told medical personnel that injuries were inflicted by a spouse or boyfriend might well be those women for whom continued assault presented the gravest dilemma, either because of the magnitude or frequency of assault or the woman's own isolation.

Are the suggestive and probable caseloads actually battered women? As has been shown in previous sections on frequency of injury, and injury patterns, the suggestive and probable caseloads fall, as aggregate data, in an intermediate position between clearly non-battered and battered caseloads. A graphic display of psychiatric problems and psychiatric facility utilization reveals the same intermediary trend:

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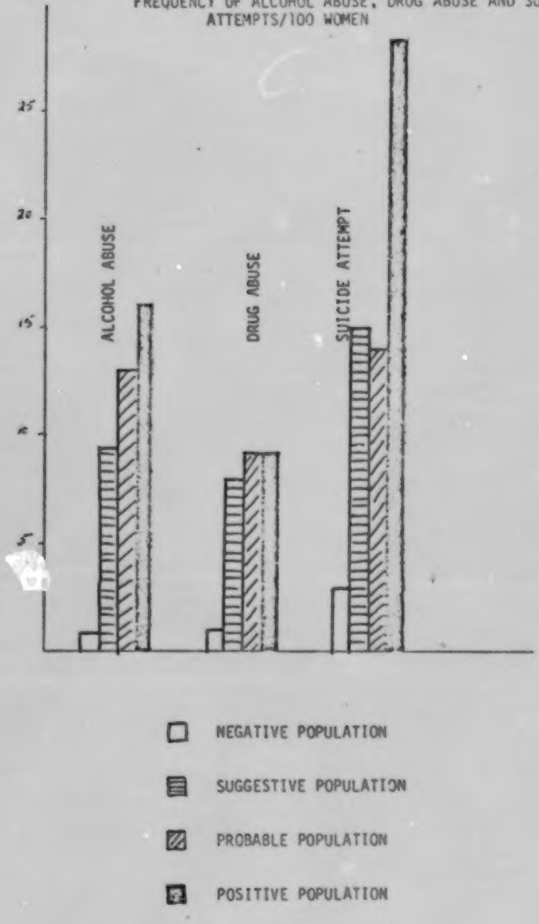
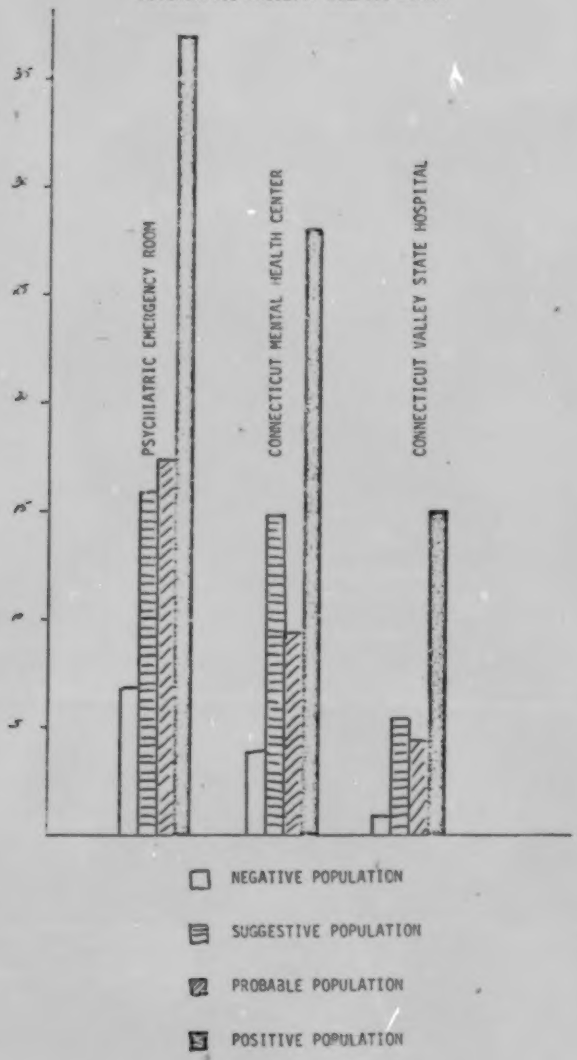
FREQUENCY OF ALCOHOL ABUSE, DRUG ABUSE AND SUICIDE ATTEMPTS/100 WOMEN



PSYCHIATRIC FACILITY USE/100 WOMEN



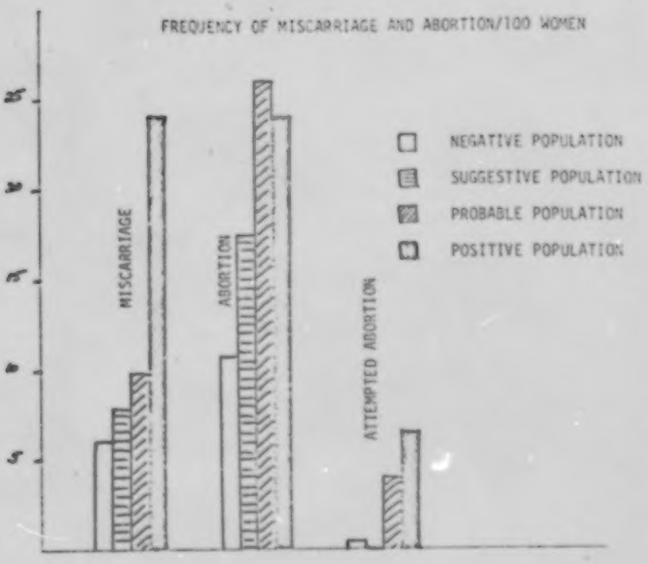
Further research is necessary to clarify the precise nature of the relationship between battering and the development of significant psychiatric problems in these intermediary caseloads, but it appears that they too are at risk for severe sequelae and at present ought to be considered battered. When one considers the generally fewer number of traumatic incidents in these caseloads it suggests that they are battered, but are in the early part of an abusive relationship. If this is true, one would expect that they also manifest fewer problems to date. Proof would of course, depend upon re-analysis of these at risk populations at some future date. A second possibility is that the intermediary samples are a composite of both battered and non-battered women and the relative numberical proportion of battered women in the probable and suggestive caseloads explains the intermediate status of the aggregated data.

MEDICAL IMPLICATIONS OF BATTERING:

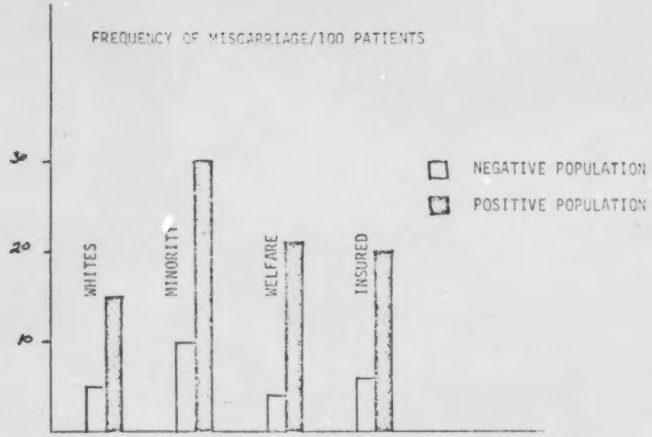
As has been demonstrated above, battered women utilize both the surgical emergency room and various psychiatric facilities at a higher rate than non-battered women. The frequency of injury, suicide attempts, drug or alcohol addictions and referral patterns of the surgical and psychiatric staff appear to contribute to this utilization pattern.

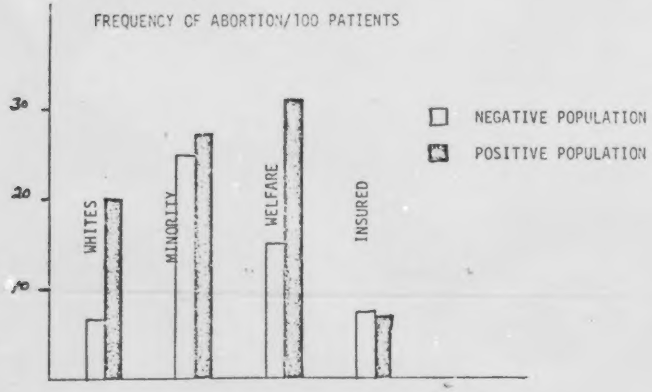
Battering is associated with a wide range of medical problems as well. The injury pattern map for battered women revealed a high incidence of chest and abdominal injuries while analysis of pregnancy data showed that women were more likely to be injured while pregnant. It is not surprising to find therefor, that the rate of miscarriage is much higher for battered women. Nearly one in four battered women has suffered at least one miscarriage, while only one in fifteen of non-battered women in this caseload had miscarried. Again, the suggestive and probable cases fall in an intermediary position.

Whatever the dynamic that appears to contribute to an escalation of battering during pregnancy, it has been recognized by battered women for a long time. Prior to the advent of legalized abortion, battered women attempted abortion more frequently than non-battered women and with legalized abortion, battered women continue to choose abortion more frequently.

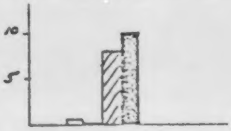

FREQUENCY OF MISCARRIAGE AND ABORTION/100 WOMEN
5
10
15
20
25
MISCARRIAGE
ABORTION
ATTEMPTED ABORTION
NEGATIVE POPULATION
SUGGESTIVE POPULATION
PROBABLE POPULATION
POSITIVE POPULATION

This appears to be a relatively consistent trend, regardless of race or rough socio-economic status:


FREQUENCY OF MISCARRIAGE/100 PATIENTS
30
20
10
WHITES
MINORITY
WELFARE
INSURED
☐ NEGATIVE POPULATION
▨ POSITIVE POPULATION


FREQUENCY OF ABORTION/100 PATIENTS
30
20
10
WHITES
MINORITY
WELFARE
INSURED
☐ NEGATIVE POPULATION
▨ POSITIVE POPULATION

As suggested above, this may be due to the association between pregnancy and further physical assault. It appears as well to be due to concern for the child's welfare. One in ten battered women have evidenced concern to medical personnel about abuse of their children:



CONCERN ABOUT CHILD ABUSE

A final note on the apparent relationship between intimate relations and battering is the finding that battered women in this caseload were raped eight times as frequently as their non-battered counterparts. The absolute number of rape cases in this sample is too small for statistical analysis, but the investigation of this finding is now underway. It suggests, of course, that women are not only beaten by their husbands and boyfriends, but raped as well. Note that as women had to struggle for legalized abortion, they are now having to struggle for recognition that rape _is_ possible within a marriage and that prior association with a man does not grant him claim over sexuality within that relationship.

Thus far the problems of battered women have been shown to touch upon the surgeon, obstetrician, psychiatrist and pediatrician. But in order to complete the picture of the impact of battering upon medical services the internist must be considered. As background to this discussion the growing understanding of the relationship between stress and disease is important, as is the recognition that the physician-patient interaction may well be the sole confidential contact that battered women find possible. These two factors may help to explain the fact that battered women seek medical help more frequently than non-battered women, and rely upon the emergency room to a great extent.

OVER

MEAN NUMBER OF MEDICAL ER VISITS

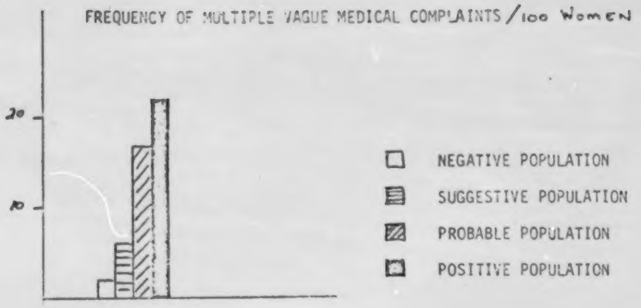
POSITIVES	12.6
PROBABLES	9.5
SUGGESTIVES	6.2
NEGATIVES	2.8

Again, if this is normalized over time we can compute a "non trauma ER index" = number of visits/span in years.

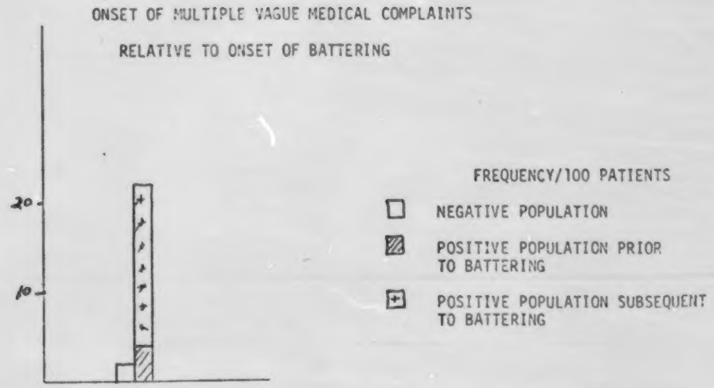
NON TRAUMA ER INDEX

POSITIVES	1.6
PROBABLES	1.8
SUGGESTIVES	1.0
NEGATIVES	.7

Women present with a variety of complaints and problems, but in spite of the fact that a brief review of the medical record would enable the physician to understand a complex home situation, this appears not to be the case and not an arena in which internists care to intervene. What does appear to be the case however, is a consistent labeling process wherein headaches, bowel disorders, painful intercourse, and muscle aches with normal x-rays, GI series, scans and sed rates are the basis of a diagnosis of "hysteria", "hypochondriasis", "neurosis" or simply "well known patient with multiple vague medical complaints." All such diagnoses of course lead the internist to prescribe minor tranquilizers and sleeping medications rather than any serious consideration of battering as the real problem. Such labeling appears in aggregate data to represent a consistent trend among internists and we find, as in psychiatric disorders, that this appears to be a problem which arises subsequent to battering and is not therefor an indication of underlying personality characteristics.

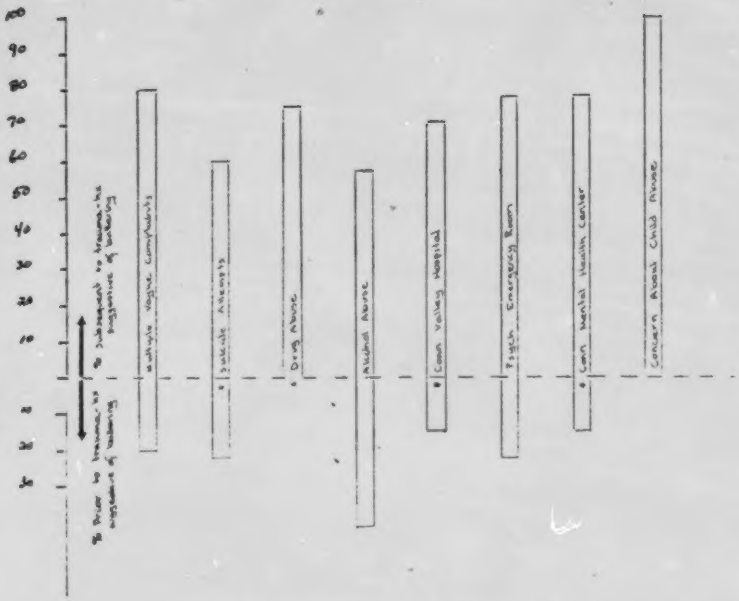


FREQUENCY OF MULTIPLE VAGUE MEDICAL COMPLAINTS /100 Women



ONSET OF MULTIPLE VAGUE MEDICAL COMPLAINTS
RELATIVE TO ONSET OF BATTERING

A summary of the relationship between battering and the onset of a host of other problems is best conveyed in the following graph which considers the relative percentage of problems within the positive caseload which occur prior to and subsequent to battering. As has been shown above, the incidence of such problems prior to battering is not significantly different than the incidence among a non-battered population except for alcohol addiction.



ONSET OF PROBLEMS OF BATTERED WOMEN

RELATIVE TO ONSET OF BATTERING

* % Of Cases where onset could not be determined

Suicide Attempts	7%
Drug Abuse	25%
CVH	14%
CMHC	8%

AN INVESTIGATION OF CULTURAL AND ECONOMIC VARIABLES:

If battering has its roots in the overall status of women within the society, one would expect that it would appear within all social classes, but with a greater frequency among those women who are oppressed not only on the basis of their biological status, but racial and economic status as well.

The data supports both aspects of this hypothesis as we find that battering does occur within all classes and races:

	% OF POSITIVES
METHOD OF PAYMENT	
Insurance	33.3
Welfare	'42.2
Self	17.7
Other or none	6.6
	100.0
RACIAL	
White	43.5
Minority	56.5
	100.0

And it does appear from the vantage point of the emergency room that poor and minority women are at significantly greater risk for battering than their white and insured counterparts:

	RACE		PAYMENT	
	WHITE	MINORITY	INSURED	WELFARE
% POSITIVE	6.2%	17.5%	9.6	19.8
PROBABLE	2.2%	10.8%	.6	10.4
SUGGESTIVE	7.6%	17.6%	7.6	21.9
NEGATIVE	84.0%	54.1%	82.2	47.9
	100.0	100.0	99.0	100.0

However, it is likely that the decision to use emergency room service is in part determined by cultural, economic and geographic considerations which may account, in part, for the apparent high rate of battering among impoverished and minority women. Analysis of geographic data underscores the complexity of thoretical generalization from the simple data given above for it appears that proximity to the emergency room contributes to the above data:

	PLACE OF RESIDENCE	
	NEW HAVEN	OTHER
POSITIVES	73.9	26.1
PROBABLES	95.0	5
SUGGESTIVES	66	34
NEGATIVES	43	57

Further evidence for such a distinction in perception of the usefulness of an emergency room can be seen if one considered the entire spectrum of battering and associated problems. Race and economic status appears to determine, in part, the point at which women seek emergency room intervention and aid. Minority and welfare patients appear to seek aid early in the development of battering, prior to the onset of significant psychiatric or medical illness while the white and insured populations manifest a significantly greater incidence of multi-institutional use and psychiatric problems before seeking aid in the emergency room for injuries which result from battering.

While on a aggregated basis, the pattern appears clear that women who are battered are at significant risk for the development of a range of problems including alcoholism, drug addiction, suicide attempts and psychiatric hospitalization the point of apparent relationship with the emergency room staff differs according to class and cultural determinants. In other words, white and insured patients are likely to present to the emergency room with a history of severe problems in which battering is but a part of a complex situation while poor and minority women are more likely to present early in the syndrome with few problems other than battering. Note, however, that the end result of battering within the minority and poor population is more severe and this should underscore the importance of adequate protection and intervention at first presentation.

The alternative hypothesis, of course, is that battering itself represents an entirely different syndrome within social classes. It may well mark the point of isolation from social norms within a poor and minority population and, therefore, herald the onset of other problems which accompany such isolation. While in wealthier communities battering may emerge as a result of prior isolation and socially deviant contexts. A final conceptual framework is to consider the emergency room the point of last resort.

In such a case, poor or minority women may simply have fewer places to turn for aid and, therefore, come to this emergency room while white and insured women first explore the options of mental health facilities, counseling and self-destructive behavior. The emergency room clearly carries a different "meaning" for different populations and one of the challenges to any development of a crisis intervention team will be its capacity to overcome the distance between the emergency room and women of the more affluent classes.

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STATEMENT OF DR. ANNE FLITCRAFT, POSTDOCTORAL FELLOW, CENTER FOR HEALTH SERVICE RESEARCH, YALE UNIVERSITY

Dr. FLITCRAFT. The work I would like to present was conducted at Yale-New Haven Hospital. I did this research for my M.D. thesis in 1976.

I looked closely at 480 women who were treated for injuries in 1 month in 1976. By "looking closely" at this group of women, what I mean to say is I looked at their entire medical records, compiled over a number of years, consisting of reports of each doctor or hospital visit. A medical record could be 1½ or two inches, or even several volumes all told.

Among this population of 490 women there were a total of 1,400 injuries in the entire course of their collective lives.

Oftentimes it is said that women do not tell physicians or lawyers or police that they are being battered. My research indicates that women tell again and again and in a variety of ways, and it is the very tools of medical diagnosis itself that hide battering from the medical purview.

Second, I would like to point out that in the shelter situation there are many women who may be psychologically imapired with histories of drug addiction, suicide attempts, alcoholism or psychiatric hospitalization. These problems appear to be sequellae not only of battery, but also of intervention. In other words, current medical interventions appear to escalate the syndrome of battering rather than ameliorate it. Therefore, if one looks closely, for instance, at medical treatment models, our processing of clients is just that—it is processing. It is not benign nor helpful. In fact, it seems to be very harmful.

Finally, even speaking of a "battering syndrome" creates a labeling situation. Viewed from the verbage of the medical label, it seems that women are battered because they are "alcoholics", women are battered because they are "drug adicts", or women are battered because they have psychiatric problems—no wonder their husbands, batter them. However, if we look closely, many, perhaps most, of the problems are actually predated by the battering. I would like to fill in the scenario.

Mr. SCHEUER. I didn't get that. The alcoholism or drug addiction are predated by the battery?

Dr. FLITCRAFT. Yes.

Mr. SCHEUER. Are you suggesting that the causal effect of being battered is seeking refuge in the world of alcohol or drug abuse?

Dr. FLITCRAFT. There is something more complex than a linear relationship between battering, alcohol, or drug addiction. Women seeking help from the medical sector experience increasing isolation: A woman who was initially injured and seeking medical help finds herself injured, isolated, and because of her isolation more vulnerable than before.

Mr. SCHEUER. Why is she isolated?

Dr. FLITCRAFT. I think if I can fill in with a few statistics, you will be able to understand the scenario a little better.

Dr. Steinmetz was speaking about violence against the elderly. Well, emergency medical personnel do not recognize battered women either as a wide spread problem. At the time I began this research, in fact, less than 3 percent of the population of injured women in the month were recognized as battered women.

When the records were reviewed, it was found that 10 percent of the women who were seen in that month had a documented history of battery, and an additional 15 percent had a history of repeated injuries, which suggested physical abuse in the same way that repeated child injury leads to the "diagnosis" of child abuse. So, in fact, 25 percent of all of the women treated for injuries in this particular emergency room in 1 month appeared to be at risk for battering.

Mr. Scheuer. Appeared to be what?

Dr. Flitcraft. At risk for battering. Ten percent had a documented history of it, and another 15 percent had come in for injuries ranging from stab wounds, gunshot wounds, and stories such as, "I fell down the stairs, and that is why I have two black eyes and a concussion in the back of my skull," which is an injury difficult to obtain in that kind of accident.

One turns to the 1,400 injuries which had been treated in this emergency room over the past some 20 years, and finds that 22 percent of all of the injuries had occurred in the population of women that we knew were being battered, and an additional 23 percent of all of these injuries had been inflicted upon women that appeared to be at risk for battery. In sum, a total of 45 percent of all of the injuries occurring in this population of women appear to be attributable to spouse abuse.

Now, in order to translate this into more personal terms, it is important to note that most people seldom need medical intervention for injuries. For instance, 97 percent of the non-battered women had been to the emergency room fewer than five times. But 76 percent of the battered women had been there more than five times; many of the battered women had been to the emergency room between 12 and 20 times. So the frequency of injury is markedly increased among battered women.

Now, the question you asked, Mr. Scheuer, about sequella and so forth, I would like to point out that if one compares——

Mr. Scheuer. I think you ought to use some phrases that would be more intelligible to the average laymen than "sequella."

Dr. Flitcraft. Well, let me take the label off of it entirely and just describe to you the population of non-battered women and a population of battered women.

I would like to say at the outset that if one looks at the rates of drug abuse, suicide attempts, medical labels such as hysteria and neurosis, hypochondriasis, or commitments to State mental hospitals, one finds that prior to the onset of battering, populations of non-battered women and battered women are statistically indistinguishable. Only in the variables of alcohol abuse is there a subset of battered women who appear to have a prior history of alcoholism.

However, subsequent to the development of battery—that is, after women have come to the emergency room seeking aid for injuries that resulted from battery, one finds that the rate of drug abuse increases seven fold among battered women. The rate of suicide attempt increases, again, seven fold, so that 28 percent of the population of women have attempted suicide after they have been first noted by medical authorities to be at risk for battery. And 22 percent received labels such as hypochondriasis and hysteria.

Mr. SCHEUER. Now, maybe you could tell us what you think our role ought to be in this. What should the Federal Government do in terms of research?

Dr. FLITCRAFT. In summary, I would like to say that the means by which medicine is currently interacting in treating battered women are not only impractical but dangerous. The prescription of tranquilizers and pain medications must inevitably have an effect on the suicide attempt rates.

Mr. SCHEUER. Why is that?

Dr. FLITCRAFT. Because one of the most frequent modes of attempt is an overdose on legally prescribed drugs.

Mr. SCHEUER. We are a drug-oriented society. We believe there is a drug for everything. We believe there is a chemical for every problem.

Dr. FLITCRAFT. That is obvious when you come to the emergency room. You say, "My husband beats me," and you get a prescription for valium.

Mr. SCHEUER. The fact that we are a drug-oriented society and we are inundated on the AV with a drug for every problem and a pill for every problem, does that mean that our society at large has a higher suicide rate than other comparable societies where they aren't advocating a drug for every challenge or anxiety?

Dr. FLITCRAFT. It is very difficult to find an industrially developed country which has medical systems substantially the same as ours in which the use of moderate tranquilizers is not a common everyday occurrence and adaption to industrial life and its stresses.

Mr. SCHEUER. Now, about a decade ago Norway put all drug prescriptions into a computer and they worked out a system of monthly evaluation of what was going on. The computer could tell them once a month if a single person is going around to a lot of doctors and getting drug prescriptions, so there would be an early warning signal of an individual patient abusing this system, and the computer would pop up an early warning signal if there was a doctor who seemed to be prescribing more psychotropic drugs than his patient population would indicate was appropriate, and they would go to him and ask him why. He would say, "I am specializing in treating hyperkinetic children." That is a good explanation. "And that is why I had all of those drug prescriptions." They find out from just putting drug prescriptions on a computer.

When the medical profession knew that somebody would be watching all drug prescriptions, the total array of drug prescriptions dropped over a third. Now, do you happen to know whether this is accompanied by a drop in the suicide rate?

Dr. FLITCRAFT. No.

Mr. SCHEUER. That would be interesting to find out.

Dr. FLITCRAFT. It would be interesting. It is also interesting that when doctors go out on strike the death rate falls. The practice of modern medicine, if one looks at it clinically, does not necessarily come out well.

Mr. SCHEUER. I serve on the Health Committee. Did you know it was only in about 1905 or 1910, it was only at that late time in our history, when, if there was a meeting between a doctor and a patient the chances were as much as 50-50 that the meeting would result in

COMPARISON OF THE FREQUENCY/100 PATIENTS OF PROBLEMS RELATIVE TO THE ONSET OF BATTERING WITHIN RACIAL AND ECONOMIC SUBPOPULATIONS

	TOTAL SAMPLE			WHITES			MINORITY			INSURED			WELFARE		
	NEGATIVE	POSITIVE PRIOR TO BATTERING	POSITIVE AFTER BATTERING	NEGATIVE	POSITIVE PRIOR TO BATTERING	POSITIVE AFTER BATTERING	NEGATIVE	POSITIVE PRIOR TO BATTERING	POSITIVE AFTER BATTERING	NEGATIVE	POSITIVE PRIOR TO BATTERING	POSITIVE AFTER BATTERING	NEGATIVE	POSITIVE PRIOR TO BATTERING	POSITIVE AFTER BATTERING
ALCOHOL ABUSE	1	7	16	1	10	15	1	4	15	2	7	13	1	5	21
DRUG ABUSE	1	2	7	1	0	10	1	0	4	1	0	0	2	0	11
SUICIDE ATTEMPT	3	6	28	3	10	25	3	4	27	3	7	7	9	10	46
MULTIPLE COMPLAINTS	2	4	22	2	10	20	1	0	30	1	13	13	7	0	36
PSYCHIATRIC ER	7	9	37	6	15	45	7	4	31	3	6	20	20	10	47
MENTAL HEALTH CTR	4	4	26	3	10	25	5	0	20	2	6	13	17	5	47
STATE MENTAL HOSP	1	2	11	1	5	15	1	0	12	1	0	7	4	5	27

something good to the patient? That up until that time the preponderant probability was that the patient would have been better off without having any contact with the doctor at all?

Dr. **Flitcraft**. I would like to discuss medical history and get into herbal medicine and homeopathic medicine, but that is not today's topic.

Mr. **Scheuer**. Let's face it. I would say that 90 percent of our health outputs are not brought by doctors or nurses or tertiary hospital beds, but by who? Tell me, somebody out there. Ourselves. We are in control of our own health outputs. We are in control of 90 percent of our health outputs in terms of our diet, our exercise, our ingestion of drugs, our use of tobacco, our involvement in violent situations, constant involvement in violence. So the whole sickness cure system only has a miniscule effect on our health. The other 97 percent are determined by ourselves and the fact is that what we need in this country is a vast reorientation of the whole way we provide sickness services.

We should stop providing sickness care. We should stop providing tertiary hospital bed care as the preponderant service that our health care system offers, and we should offer instead health care instead of sickness care, preventive care, mostly delivered by paraprofessionals.

This whole question of violence within the family, to my mind, is a preventative health matter, and there should be counseling by neighborhood paraprofessionals, somebody in the neighborhood; somebody given 6 months to a year of on-the-job training in this kind of counseling would perform more good than all of the emergency wards and tertiary hospital beds in the country.

Dr. **Flitcraft**. Mr. Scheuer, one could say that nutritional counseling could lead us all to eat healthier foods, but if we listened to what people are saying, almost every meal produced in the country is carcinogenic, and such counseling therefore would lead to starvation. Only in the food and manufacturing process can we affect the nutritional status. That is the way we deal with family violence.

I think it is important that we don't put labels such as "health problem," "mental health problem," a "criminal problem" on this, because the history of such labels inevitably is a fragmentation of services and such fragmentation contributes to the problem, not its solution.

In other words, if we are going to think about policies which could affect the level of domestic violence in the country, then we have to look at policies concerning the economic rights of women, at policies concerning the community mental health center movement and their change from basically a social service orientation to a psychiatric orientation, which means there are no social services within many areas because the community mental health centers were established under a combined movement of mental health and social services, but have increasingly become mental health oriented.

Finally, employment and education are crucial areas. But I think other areas which may not be as directly related—for instance, the discussion about whether or not abortion for women should be federally funded—obviously do relate to the issue of family violence. As has been testified, women are more likely to be battered when they are pregnant. There is an indication that backroom abortions, septic abortions, deaths from illegal abortions, occurred primarily to battered women. Discontinuance of funds for abortions will mean that many women will have to choose between illegal abortions or battering during the course of their pregnancy.

Mr. SCHEUER. Dr. Flitcraft, could you address yourself, and then when Ms. Fields finishes, I would like the whole panel to address themselves, to any advice you can give this subcommittee as to our specific mission? Now, let's get down to the bottom line. What do you think our subcommittee ought to do? Our subcommittee has jurisdiction over Federal R. & D. We have jurisdiction over most R. & D. in HEW. What kinds of research do you think we ought to encourage? What kinds of additional services should we encourage?

Dr. FLITCRAFT. From the research end of things, I suggest that there are three important elements. Structural conflict really needs to be looked at more closely at the macroeconomic levels. We should look at the impact of major social policy upon domestic violence to try to understand whether or not a change in these areas might help.

Mr. SCHEUER. I think we can take it as a given that there is probably more domestic intra-family violence among poor families than among middle class families.

And probably the anxieties of unemployment and tensions caused by unemployment and lack of adequate family income do produce enough frustrations and enough anger that takes the form of intra-family violence, because the family is where the individual who is unemployed can lash out and strike somebody. So I think we can take that as a given, can we not? Do you see any real point in spending a lot of time and effort coming up with documentation for the principle that unemployment and poverty produce frustrations, anxieties and anger that takes the form of intra-family violence?

Dr. FLITCRAFT. I think unemployment is one macrovariable, but I think the issue of women's roles in the home and the stresses placed upon the home by women entering the work force are other areas.

Today, women's roles are in flux. How this is going to change traditional family theory and what this means is not at all clear.

There are some who would say that equal opportunity for women outside the home in fact will increase the level of domestic violence, and there are others——

Mr. SCHEUER. How is that case made?

Dr. FLITCRAFT. That case is made by saying that women are beaten not because of the whimsy of individual men, but in fact women are beaten in part as a result of power struggles within the nuclear family. Within the family, and as women seek to gain and demand independent arenas or mutual power within the family, that there they become subjected to violence.

Mr. SCHEUER. Would you also say that in other societies, where women are structured in a dependent role and where there is very little or no power sharing, there is less intrafamily violence because there is less challenge to male supremacy?

Dr. FLITCRAFT. I don't believe that research has been done.

Mr. SCHEUER. Does the process of change in woman's status itself produce this intrafamily violence?

Dr. FLITCRAFT. I am not sure. I think when we begin talking about the evalution of programs that certainly is a question because what is success if in fact the answer to your question is that women who are passive do not get beaten? Then, some would say successful programs are those which train women to accept their role within the home. Is that a successful program? On the other hand, if it is true that women are subjected to violence when they gain strength within the home, when they begin to establish social communications and social strength with other women outside of the home, if then this leads to their getting battered, what should a shelter program look like, for instance? It may in fact precisely be the woman who is strongest, most independent and most capable in the outside world who comes to the shelter, not the helpless "victim." I think it is an open question. I am not willing to throw the whole research fund down the drain after that question, but I think there are talented people around with sufficient analytical insights to suggest not irrelevant answers to that.

Mr. **Scheuer**. Can you tell me what societies around the world have the highest rate of intrafamily violence?

Dr. **Flitcraft**. No; my expertise is not international comparisons of culture.

Mr. **Scheuer**. Dr. Steinmetz?

Dr. **Steinmetz**. Germany seems to be higher. We are second. Only Germany seems to have higher rates from the data I have looked at.

Mr. **Scheuer**. And what is the explanation for that?

Dr. **Steinmetz**. I don't know. I guess it goes to the culture, like in our culture beating, spitting, hitting, keeping each other in order is accepted.

Mr. **Scheuer**. A hierarchy of disciplined oriented society?

Dr. **Steinmetz**. Sort of, yes, and I think in Germany it perhaps goes even further. When you travel through Germany you are amazed at the system of authority there. You know it is almost like you are seeing a 1942 movie. My son lost his camera on a trolley car. We got off and and left it there. The conducter told us precisely when that train would go by and the camera would be there, and that very second the train came by, and there was the camera. There is this kind of obedience of perfection.

Dr. **Flitcraft**. May I make one other point?

Mr. **Scheuer**. Very briefly. We have another witness.

Dr. **Flitcraft**. I think there is a problem in that recently we have become oriented towards research focused only on the battered woman. The problem has only recently been "discovered," although women have been flocking to institutions for a millennium it seems. I suggest an important research question is: What is it about the institutional structures and practices of law enforcement, of medicine and psychiatry, and so forth, what it is that enabled them to keep the problem hidden from public view for so long? What are the modes of operation by which the problem is in fact hidden, and do the present modes of medical therapy and so forth, exacerbate the problem? In other words, problematically, do we really need increased intervention by the social agencies as they exist or is it possible that the activities of those agencies are really harmful to the population of people we are trying to reach? It is a question that has been looked at all too little. Meanwhile, more and more social agencies are jumping onto the bandwagon to provide "services."

Mr. **Scheuer**. On what local principle could the intervention by these social service agencies actually exacerbate family violence?

Dr. **Flitcraft**. I think it could. I would ask you to see a woman who has been brutally beaten by her husband and taken to the emergency room, where she tells every nurse, every technician and every doctor in sight that her husband has beaten her and that she is afraid to go home, and yet the social worker gets a cab and sends her back home, whereupon her husband beats her again. This time it is for telling the physicians and the nurses and so forth, and she returns to the emergency room that same night even more viciously battered.

One can say medicine just did its job. It put the bandaids on. It is not our problem to intervene. On the other hand, I would suggest that one could say similarly to the middle-aged man with the heart attack to just lie there, you are overweight, you don't exercise, you smoke, you drink, you eat unhealthy foods. How do you expect me to do anything? Now, go home. Here's a taxicab. I think if we look at it in those kinds of models, we can see how existing practices within major institutions do real harm.

Mr. **Scheuer**. Thank you very much. We are now going to hear from Ms. Marjory Fields, Brooklyn Legal Services, Brooklyn, N.Y.

[The prepared statement of Ms. Fields is as follows:]

FAMILY VIOLENCE RESEARCH AND DEVELOPMENT NEEDS

MARJORY D. FIELDS,
Attorney

TESTIMONY BEFORE UNITED STATES HOUSE OF
REPRESENTATIVES COMMITTEE ON SCIENCE
AND TECHNOLOGY

HEARINGS ON DOMESTIC AND INTERNATIONAL
SCIENTIFIC PLANNING, ANALYSIS AND
COOPERATION, FEBRUARY 15, 1978

Wife beating is a serious and widespread social and legal problem. In the past six years Brooklyn Legal Services has represented more than 3,000 women seeking divorces because of repeated serious violence by their husbands. From May 1976 through May 1977, 60% of our 600 women divorce clients had been beaten by their husbands on two or more occasions. Of the 360 beaten wives, at least 30% had been beaten when pregnant. The New York City Crisis Centers located in city hospitals handled more than 1000 cases in the period from July through December 1977. Of these cases 490 were battered wives and 2 were battered husbands.[1] Wife beating is not an urban problem only. It exists all over the United States, in all socio-economic classes. Brooklyn Legal Services has received requests for information on ways to aid battered wives from Texas Rural Legal Assistance, an Indian Reservation in Oregon and Montgomery County, Maryland. Battered wives support groups and shelters have been established in Fairfax County, Virginia and Fairfield County, Connecticut, as well as in Rochester and Brooklyn, New York, San Francisco and Orange County, California.

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[1] "Crisis Centers," The New York Times, Jan. 8, 1978, p.33, col. 1.

Wife beating is a pattern of physical abuse of a woman by her present or former husband or male companion. It consists of repeated blows inflicted with intent to do harm. It is more serious than a verbal dispute or a single shove or slap. Threats and verbal abuse which were preceded by beating are part of the control of a wife by her husband which is basic to wife beating.

The term "battered wife" used here includes any woman assaulted or threatened by a man with whom she has been intimate or to whom she is or was married. A battered wife is uniquely dependent upon her attacker. She is bound to him legally, financially and emotionally. Typically, battered wives feel powerless to change their vicitmized condition. They are filled with self-blame, believing that their actions have caused the beatings they suffer. Battered wives are trapped by an unresponsive legal system which effectively leaves them remediless against the men who seek to control them. Their plight is worse than that of rape victims because battered wives are compelled to continue living with their abusers.

The legal system fails to protect battered wives from illegal attacks by their husbands. It is assumed that the battered wife is the guilty party, who has provoked, deserved and wanted the beating. Having no recourse under the law, the battered wife is therefore forced to flee and hide for her safety. As a result she is deprived of her liberty and property without due process of law. The offender is left at liberty in the comfort of his home and friends, his acts of violence not only excused and forgiven, but also condoned and reinforced. As a class battered women are denied the protections afforded other victims of crime. They are discriminated against by police, prosecutors and judges. As women victims of crime, battered wives are not believed. The statements of their husbands or male companions however are given presumptive credibility. Finally, battered wives are expected to keep their feelings and opinions to themselves and to accept their husbands' abuse. Thus, battered wives are denied the civil rights and civil liberties guaranteed to all citizens by the constitution.

There is no doubt among social scientists that family violence is prevalent. Wherever shelters for battered women are opened, they become filled to capacity almost immediately. It is therefore not necessary to fund further research into the extent of family violence. Research must be directed toward developing meaningful responses and effective prevention.

In 1967 Raymond I. Parnas theorized that domestic disputes are the prelude to most spouse murders and serious assaults. He believed that prompt and skilled intervention at the minor disturbance level might decrease the serious violent crime occurring among family members.[2] The 1973 study of domestic violence conducted by the Kansas City, Missouri, Police Department,and a 1974 study of conflict-motivated homicides and assaults in Detroit conducted by James D. Bannon and G. Marie Wilt support Parnas' hypothesis that murder and serious assaults are preceded by minor assaults.

The Kansas City Police Department found that they had responded to disturbance calls at the address of homicide victims or suspects at least once in the two years before the homicide in 90 percent of the cases, and five or more times in the two years before the homicide in 50 percent of the cases. They had responded once to disturbance calls at the home of victims or suspects in 85 percent of the aggravated assault cases, and five or more times to disturbance calls in 50 percent of these cases during the two years before the aggravated assault.[3] Of the total sample of cases studied, 42.3 percent involved physical force, but when the participants were either married or divorced the incidence of force rose to 54.4 percent. When the participants were common-law spouses, relatives, strangers or acquaintances, however, physical force occurred only 30.7 percent of the time. Another significant barometer of violence was the threat. When threats were made violence occurred in 53.9 percent of the cases.[4] Of the 294 conflict-motivated homicides studied in Detroit, 90 (30.6 percent) involved family members.[5] Sixty-two of these family murders were preceded by histories of conflicts.[6]

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[2] Parnas, 1967 Wis. L. Rev. 959.

[3] Breedlove, et.al, "Domestic Violence and the Police: Kansas City," in Police Foundation, Domestic Violence and the Police, 23 (1977). [Addresses of multiple dwellings with many tenants were excluded from the analysis. No data were gathered on the number of disturbance calls which never resulted in violence.]

The police crime prevention function is not being developed. In spite of emphasis on more sophisticated responses to domestic disputes the average patrolman is failing to gather sufficient information to make a determination of the nature of the problem. There is no difference in the aid offered in cases of verbal disputes or physical assault. The spontaneous non-arrest practices described by Parnas have been extended by the patrolman, relying on official police department policy in favor of adjustment, to inaction in all cases of family assault. Arrests are not made when there has been violence, or when an injured wife requests to file a complaint. The mediation training for conflict resolution stresses neutrality, which in turn reinforces the wife beater's notion that he has done nothing wrong. Battered wives are made to share the blame for the injuries they have suffered, just as the rape victim has been held responsible for the crime committed against her. Thus, violence in the home escalates, because the victim has learned that the police will give no aid, and the offender knows that he will suffer no penalty.

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[4] Id. 27.

[5] Wilt and Bannon, "Conflict-Motivated Homicides and Assaults in Detroit," in Police Foundation, Domestic Violence and the Police, 37.

[6] Id. 39.

A comparison of the effects of different types of police response is urgently needed. Two opposing tendencies are exemplified in the police training publications of the Law Enforcement Assistance Administration (LEAA) which stresses arrest avoidance and mediation,[7] and the International Association of Chiefs of Police which urges that wife beating be treated the same as any other criminal assault.[8]

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[7] Bard, The Function Of The Police In Crisis Intervention and Conflict Management - A Training Guide, U.S. Dept. Of Justice, LEAA, National Institute Of Law Enforcement and Criminal Justice (1974).

[8] International Association of Chiefs of Police, Training Keys 245 and 246, Wife Beating and Investigation of Wife Beating, respectively (1976).

A third position is that no official policy is stated by the police agency, leaving the individual police officer to exercise unfettered discretion in response to family violence calls for police assistance. Analysis of the effects of each approach on subsequent violence among family members could be the basis of an informed choice of police policy alternatives which will reduce violence.

There were 2359 spouse murders in 1975 reported in the F.B.I. *Uniform Crime Reports*. This was 11.5 percent of the total number of criminal homicides committed in that year. "Romantic triangles and lovers quarrels" accounted for another 7.3 percent of the murders in 1975. The wife was the victim in 52 percent and the husband was the victim in 48 percent of the 1975 spouse murders.[9] More than twenty years earlier, the same proportion of wife to husband victims was found in a sample of 100 spouse murders, 53 wives and 47 husbands were slain.[10] A 1960's study of 200 women imprisoned in California found that 63 of these women had killed their husbands or "lovers."[11]

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[9] *1975 Uniform Crime Reports* 18-19.

[10] Wolfgang, *Patterns in Criminal Homicide*, 212 (1958).

[11] Ward et.al., "Crimes of Violence by Women," in 13 *Crimes of Violence*, 868 (Staff Report, U.S. National Commission on the Causes and Prevention of Violence [1970] (Hereafter, "13 *Crimes of Violence*").

Spouse murders have a greater social and economic cost than other homicides because the incarceration of the offenders makes orphans of their children.[12] A study of women in prison for murdering their husbands or companions should inquire into the history of their relationship with their victim, and who is caring for and supporting their children. This could document the hidden social and economic costs of the orphaned children of battered wives, as well as the potentially lethal consequences of wife beating.

Definitions of self-defense and victim provocation are being expanded to provide the basis for acquittal and light sentences when husband murders are committed by wives who have been the victims of years of wife beating. A wife's conviction for murdering her husband was reversed because the trial court failed to charge the jury that the defendant had no duty to retreat from an assailant in her own home.[13] These defenses raise difficult problems for a society which seeks to deter murder by making it unrewarding and unnecessary.

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[12] cf. "Parents in Prison, Forgotten Children Find Home in School," The New York Times, November 17, 1977, p. 35, col. 1.

[13] People v. Paxton, 47 Mich. App. 144, 149, 209 N.W. 2d 251, 253-54 (1973).

Analysis of spouse murders shows that wives tend to kill husbands who have a history of beating them, although husbands kill wives without provocation. Sociologist, Marvin Wolfgang, developed the concept of "victim-precipitated" homicides. He defines them as "those criminal homicides in which the victim is a direct, positive precipitator in the crime." The victim is the first person to use physical force against his eventual murderer.[14] Applying this analysis to spouse murders, he found that 28 husbands and 5 wives were victims of victim-precipitated homicides, but in non-victim-precipitated homicides, 19 victims were husbands while 48 were wives.[15] Wilt and Bannon found that husbands killed their wives after insulting their wives or ordering their wives to perform some task. These husbands attacked their wives because the husband felt their wives should accept insults passively, or because the husbands were not satisfied with the way their wives performed the tasks.[16]

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[14] M. Wolfgang, Patterns in Criminal Homicide 252 (1958).
[15] Id. 260
[16] G. Wilt and J. Bannon, "Conflict-Motivated Homicides and Assaults in Detroit," Domestic Violence and the Police 39-40 (Police Foundation 1977).

Wife abuse entails not only extreme physical punishment, but extraordinary degradation of the woman.[17] A person whose sense of self-worth has been destroyed in this way is not deterred by the probability of punishment for murder. She may believe that she is worthless and deserves to go to prison. She may see prison as better than her present existence with its constant brutality. The woman who suffers in this way may be considered to be temporarily insane and therefore not guilty of murder. Each case must be evaluated so that it is clear that these defenses will succeed only when escape is practically impossible, or the offender is not capable of knowing the meaning of her act.

Ward, Jackson and Ward who conducted the California women's prison study drew two conclusions from their findings. The first is that "in order to prevent a major portion [one-third] of the criminal violence in which women engage, one would have to do something about unhappy [violent] marriages and love affairs." Secondly, they point out that there is a trend toward increased violence by women, which may be "accelerated as women become emancipated from traditional female role requirements."[18]

These theories have grave implications for increases in spouse murder resulting from husbands treating wives as objects of property. The traditional role of wife as servant who may be chastised by her husband is being rejected by women. If women are unable to get help from society to extricate themselves from such violent relationships, or to restructure these relationships, they may increasingly turn to violence as the only apparent resolution. When ultimately lethal confrontations take place between spouses it has been shown that either party could become the victim.

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[17] Martin, *Battered Wives*, 1-8; 76-86; Wilt and Bannon, in *Domestic Violence and the Police*, 39-40 (Police Foundation 1976); Eisenberg and Micklow, 3 *Women's Rights L. Rep.* 144-45.

[18] 13 *Crimes of Violence*, 907.

Society has an obligation to make this type of murder unnecessary, and to make the alternative of escape possible and rewarding. Meaningful responses to the needs of battered wives will save the lives of women and men. Studies have presented the patterns which precede spouse murder. Study is needed to determine the significant differences between those wife beating situations which result in murder, and those which are ended by other means. The various methods of peaceful resolution should be analyzed to determine their frequency and their efficacy for the family members. The patterns of conduct and relationships present in the histories of each of the violent groups should be compared with those of families in which wife beating has not existed. From the results, conclusions could be reached about the types of services and intervention which bring about the most effective, peaceful end to wife beating, and which may prevent family violence. Policies can then be designed which will make homicide an unnecessary means of ending wife beating, and make life outside of prison satisfying enough to make murder unrewarding.

The relationship of murder victim and offender are carefully recorded. Antecedent incidents of wife beating are, however, subsumed under the general categories of violent crimes and offenses variously denominated: attempted assault; simple assault; aggravated assault or assault and battery; attempted murder, assault with intent to maim; and murder; harrassment; menacing; reckless endangerment; and criminal trespass. Commentators have noted that because the relationship of victim and offender are recorded for murder only, the true extent of serious wife beating is hidden in the criminal assault arrests and convictions.[19] Police and prosecutors should be required to collect data on the nature of the offense charged, relationship of victim to offender, and police or prosecutor disposition. It will then be possible to ascertain the extent and seriousness of reported family violence. These data will also indicate the numbers of those seeking help to end the violence. and response they get from the legal system.

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[19] Eisenberg and Micklow, 3 *Women's Rights L. Rep.* 140-41; Jackson, "In Search of Equal Protection for Battered Wives," 1-2; Martin, *Battered Wives*, 10-11; 1975 *Uniform Crime Reports*, 18-21. The United States National Commission on the Causes and Prevention of Violence conducted its own survey in 1967 to ascertain the relationship of victim and offender in aggravated assault cases. United States National Commission on the Causes and Prevention of Violence, Staff Report, 11 *Crimes of Violence*, 206 [1970].

One of the major obstacles to ending violent relationships is the inability to obtain prompt court determination of alimony and child support rights and to effectively enforce court-ordered support and alimony. A ten-year study of court-ordered child support in an unidentified Wisconsin metropolitan county, showed that only 38% of husbands fully complied with the child support provisions of divorce judgments less than one year old. Forty-two percent failed to make any payments in the first year after judgment. As the age of the judgment increased to ten years, the number of fully compliant husbands dwindled to 13%, while the number of non-paying husbands grew to 70%.[20]

A current study of child support compliance in ten Illinois urban and rural counties reveals that of judgments entered in 1965 56% were fully complied with and 20% were not at all complied with during the first year of the judgment. By the fifth year of the judgment, full compliance dropped to 37% and non-compliance rose to 33%. For judgments entered in 1970 there was full compliance with 43% and non-compliance in 33% of the cases during the first year. In the fifth year full compliance dropped to 18% and non-compliance rose to 65%.[21]

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[20] K. Eckhardt, "Deviance, Visibility, and Legal Action: The Duty to Support," 15 Social Problems 470, 473-74 (1968)

[21] W. D. Johnson, "Default in Court Ordered Child Support Payments," to be published, 15 Conciliation Court Rev., March 1978.

These two studies should be augmented with more extensive data on default in court-ordered support payments. New methods of support enforcement should be tried. All support orders should from their inception be paid by payroll deduction order. This way support payments will be assured for as long as the man is employed, and payroll deduction orders will not stigmatize a man as one who has previously defaulted. In addition, men will be saved the emotionally stressful task of writing checks to their former wives.

Initial support orders should provide for payments retroactive to the date of commencement of the support proceeding. This relief would destroy the current advantage gained from delaying a hearing and thereby the court's determination of the prospective support award. Emergency public assistance grants could be repaid from the retroactive portion of the award.

Willful defaults in support payments are not penalized. The nonpaying spouse has interest-free use of the money he should be paying for the support of his wife and children. Those dependent on the payments often pay interest on money borrowed for living expenses. Arrears owed should be awarded with interest, counsel fees and court costs to deter support default and to save the recipients from additional loss.

The moving party in a support enforcement action may recover only the arrears accrued at the time of the commencement of the proceeding. Arrears which accrue after the commencement of the enforcement action must be subject of a subsequent proceeding. The spouse who should be receiving support payments must bear the expense and burden of successive actions to recover all that is due under a support and alimony judgment.

Statutory provison should be made for amendment of the wife's papers on the date of the hearing or submission of the enforcement application to include any arrears accumulated since commencement of the action. This would also save court time by reducing the number of enforcement proceedings. Of course, husbands have always had the right to present evidence of payments made up to and including the date of the hearing.

A last suggestion for facilitating support enforcement is that attachement of the defaulting spouse's property be mandatory when arrears exceed $1,000.00, and a payroll deduction order is impracticable. Men with valuable assets but little or no visible income from employment should not be insulated from judgments for arrears. Judges are reluctant to use their contempt powers to sentence a man to "alimony jail." Contempt is a questionable weapon, of limited success in getting the payments needed by the family. Attachment of assets has the advantage of producing income from sale or redemption. If battered wives can rely on support and alimony payments, they may become freer to leave husbands who fail or refuse to cease their assaults.

Finally, the most important aid to battered wives is a shelter where they can safely stay with their children. Shelters provide constantly available emergency refuge. Residents give emotional support by believing and understanding the problems of women fleeing violent husbands. Staff assist the women in obtaining welfare assistance, legal representation and medical treatment. Publicity about the existence of shelters give battered wives knowledge that they have alternatives available in times of emergency. From this position of safety and strength women can determine if they want to try to reconcile with their husbands or if they want to start lives on their own.

Study is needed to learn alternative methods of shelter financing and operation. The present ad hoc system of one-year government grants results in too much staff time being spent to obtain future funding instead of serving resident needs. Technical assistance is needed in the areas of corporate organization and structure, zoning, renovation, building, health and safety code compliance, procurement and service agreements, labor relations, and police and community relations.

Analysis of existing federal programs is needed to find those which could provide assistance to individual battered women, and to shelters and other supportive programs. This information should be made available in a single publication, and the agency efforts coordinated to assure effective response to actual needs.

STATEMENT OF MARJORY FIELDS, BROOKLYN LEGAL SERVICES, BROOKLYN, N.Y.

Ms. FIELDS. Our office focuses on those seeking assistance to escape repeated incidents of physical violence. Our clients are perhaps the strongest of the population of battered women because they come to us seeking divorce, knowing that they want to terminate the violent relationship and using legal remedies to do so.

In the past 6 years, we have seen approximately 3,000 women, who were seeking divorces because of repeated incidents of serious physical assault. From May 1976 through May 1977, 60 percent of our 800 women divorce clients had been beaten by their husbands on more than one occasion. Of these 360 battered wives at least 30 percent had been beaten while they were pregnant.

Wife beating is not solely an urban problem. Montgomery County, Md., Fairfax County, Va., Fairfield County, Conn.—three of the most affluent counties in the United States—have shelters or programs for battered wives. People from those programs have corresponded with us to discuss the similarities in the problems that the battered women face, no matter what their social and economic class.

Middle-class women do not have the economic independence to free themselves from battering husbands. In addition, when middle class women go to the court or to the police, they suffer from a lack of credibility. No one is going to believe that a husband who is a physician or a lawyer has battered his wife. There are judges who treat these women as being basically untruthful. Judges identify with the male of equal status, not with the battered woman.

Similarly, the battered parent and the battered sibling face serious legal barriers to relief. The battered spouse can get a divorce and bar her former husband from her home or remove herself from his home. If your batterer is your sibling, how do you divorce him? What is the legal remedy for the battered sibling? What is the legal remedy for the battered parent trying to remove a post-adolescent, emancipated son from the parent's home? I have seen cases of this nature—not many because it is not in my area of practice—but when we see them we are frustrated by the lack of legal remedies.

Mr. SCHEUER. How old would that child batterer be?

Ms. FIELDS. Thirty-two.

Mr. SCHEUER. Why can't the parent just kick him out?

Ms. FIELDS. That is the problem. She doesn't have the physical strength. If she did, he would not have beaten her in the first place. He lives with her. He is lazy and does not work. He is supported by her, and when he does not like the dinner she cooks, he punches her around.

What does she do? She must flee her home because he is the physically strong one. The criminal court process is slow. It takes many months to complete the prosecution. Where does the 60-year old mother go while the case is pending? We have difficulty obtaining a conviction in that kind of "one-on-one" situation. The son says "she fell down the stairs," and the medical expert will not come to court to testify, even under subpoena. We cannot prove that the mother was beaten without the corroboration of expert medical testimony. The jury finds there is a reasonable doubt and cannot convict.

How can we get the battering son out of the house? He is not a tenant. We have no landlord and tenant proceeding.

Mr. SCHEUER. Even without the battery it seems to me a person who is paying the rent in his own lease has a right to determine who lives with them. Supposing a stranger moves in?

Mr. FIELDS. You could probably get the stranger out for criminal trespass.

Mr. SCHEUER. Why couldn't you get a son or daughter out who was not welcome?

Ms. FIELDS. You would have the problem of trying to establish that this was not merely a "family dispute" that does not belong either in the landlord and tenant court or in criminal court. These are the prejudices of our legal system. The judges do not want to deal with family violence. Absent the divorce proceeding, we have limited remedies. Once we get the judgment, how do we enforce it? The problem in that situation is that if we have to change the locks and remove the son, how do we keep him from breaking back in? If he breaks back in, does the court hold him in contempt and put him in jail? No.

The court's application of remedies is inadequate. In a family violence situation this is true for all victims: wives, children, parents and siblings. The legal system forces victims to flee. The victim is locked in a shelter. We call it a "shelter" for battered wives and children, but we restrict the liberty of the victim while the offender remains free. He is in possession of his home, his property and comforts, in the presence of his friends and relatives, and it is the victim who becomes the fugitive who must hide.

Middle class violence is as serious a problem but is hidden by the use of private physicians who do not keep data, and who do not have a sufficient number of cases to become aware of patterns of the syndrome.

Until 2 years ago, lawyers who are private divorce practitioners would tell me that they had never seen a battered wife. I knew that was impossible. As lawyers have begun to ask the right kinds of questions and recognize what they have in front of them, divorce lawyers for the middle class are recognizing battered wives.

Richard Gelles, in his study, The Violent Home, [with an admittedly small sample of 80], stated that one of the major factors in family violence, certainly in husbands beating wives, was frustration. He stressed that it could not be attributed to unemployment only. He found that men with jobs in which they had a great deal of responsibilty but no authority, and therefore suffered frustration, were more likely to beat their wives than unemployed men, or men with blue collar jobs that were exclusively manual so that these two groups did not suffer from as much frustration at the first group.

Mr. SCHEUER. Repeat that, or elaborate on that.

Ms. FIELDS. Gelles studied 80 families. He found that men who had jobs in which they had much responsibility, with many demands made on them, but no power or authority to make policy or to hire or fire, were more likely to beat their wives than men who were either unemployed or had low status, manual jobs which did not impose upon them the emotional stress, other than boredom. The frustration level led to the violence at home.

Mr. Scheuer. Do you think that policemen would have such frustrating demanding jobs without the capability of doing very much about the responsibilities that were given them, to be tremendous spouse batterers and child batterers?

Ms. Fields. The New York City Police Department has a service which counsels the battered wives of police officers. The service requested 1,000 copies of a booklet, "A Handbook for Beaten Women." They are batterers?

Mr. Scheuer. They are batterers?

Ms. Fields. Yes, to a high degree.

The New York Police Department spends a lot of time counseling the battered wives of police officers.

Dr. Walker. Some are physicians.

Mr. Scheuer. How about Congressmen?

Ms. Fields. But they are the secret ones.

Mr. Scheuer. I can show you several newspaper articles on that subject. There was an article in the newspaper yesterday, I think it was, on police stress. It was a very interesting article on police stress, and indicated that the stress under which the policemen are subjected. It is extremely interesting that the stress under which policemen work—and they did mention the New York City Department as being very much interested in this—often produces an inordinately high rate of heart attacks, headaches, various illnesses that I didn't know came from stress, but apparently do.

Ms. Fields. Also, their training is violent training. They are trained to the skills of violence. Our police officers have billy clubs as well as guns. This would lead them to violent solutions of problems as opposed to peaceful resolutions. They are action-oriented and physical-oriented.

Mr. Scheuer. I think that is a little bit unfair because as part of their training, they are given a great deal of training in that on the restraints.

Ms. Fields. I do not mean this as an attack on police officers. I think James Bannon, who has a Ph. D., in sociology and is executive deputy commander of the Detroit Police Department, is responsible for that comment. I attribute it to him. He has studied police officers for over 20 years as a police officer and commander. It is his opinion that those who tend to become police officers, plus their training, lead to an action orientation. That is not to say they are bad. That is the nature of the society. Our hero is Kojak, not Casper Milktoast.

Perhaps instead of pointing to women's liberation as the cause of violence, we might look at it as the cause of exposure of family violence. Because women are no longer willing to be chattels and no longer willing to be their husband's servants, who owe their husband absolute obedience as would an apprentice or a child, they are not going to stand for the violence. They are going to seek help and expose it and speak out. So that the increase is not an increase in incidence but an increase in reporting, as we have seen an increase in reporting of rape because we have humanized our rape laws.

Mr. Scheuer. Well, there has been an increase in reporting of a lot of crime as people achieve the perception, whether right or wrong, that police were going to do something about it, and there was a point or purpose to be served by going to the police station or calling them up. So a lot of the so-called increase in crime is really a measure of the increased confidence that the citizenry has of the police, and particularly in the case of rape, where the average woman who has been a victim of rape now feels that she won't be treated as the guilty one, as the one who seduced the man, as the one who invited the attack. Her past sexual history won't be involved. So these were tremendous impediment for women to report rape. Now that those barriers are coming down, there is a great deal more rape being reported.

Ms. FIELDS. Wife beating is no longer legal. Historically it was legal under the common law. It was not until late in the 19th century that wife beating became illegal. Wife beating became grounds for divorce in many jurisdictions. In New York it was not until 1962 that it was added to the divorce law. The only ground for divorce in New York until that date was adultery.

So we had legal sanction, legal support, for wife beating historically, and that flowed from the fact that the husband had full responsibility for his wife's actions. Since he did, he also had the right to chastise her and prevent her from doing wrong so he would not have to answer for it.

The legal system today fails to prevent wife beating and to protect battered wives from illegal attacks from their husbands. It is assumed that the wife is the guilty party who deserved the beating.

Having no recourse under the law, the battered wife is forced to flee. Her position is worse than that of the rape victim because if she unable to flee she is compelled to continue to reside with her assailant, live in the same household with him.

Research must be directed toward developing meaningful legal responses and preventive techniques. The police crime prevention function is not being developed in spite of emphasis on sophisticated responses to domestic violence. The average patrolmen fails to gather sufficient information to make a determination of the nature of the problem.

Mr. SCHEUER. I would like to hear from each of you on the specific question: What should this subcommittee do in terms of encouraging research, if it is needed, if it has not been done before? What needs to be done, and hasn't been done before, either by Congress or by the executive branch? What kind of research should we be encouraging that would be useful and for which there is a need?

Ms. FIELDS. We need a comparison of the different types of police responses. There are two strong opposing tendencies. One is exemplified by the Law Enforcement Assistance Administration training manuals, which stress arrest avoidance and mediation. The opposite tendency comes from the International Asociation of Chiefs of Police. They urge that wife beatings be treated the same as any other criminal assault, with a thorough investigation and arrest, if an arrest is necessary from the point of view of basic criminal law. In order words, was there probable cause?

There is a third position in which police departments make and take no official position—leaving the policeman to exercise unfettered discretion in the area of family violence.

Mr. SHACKNAI. That is where the six-stitch rule came into play?

Mr. FIELDS. The police officer says he cannot take the complaint because it is Sunday or because the parties are married to each other or that the man is the father of the woman's children.

Mr. Shacknai. Please explain for the record the six-stitch rule.

Ms. Field. Police officers, in an attempt to provide themselves with a standard by which to determine whether or not arrest is required in a family assault situation, have made up various rules and regulations, one of them is that if the women do not have a sufficient number of stitches on the wounds inflicted by the spouse then there would be no arrest. It has been referred to as the "6-stitch" rule, although I have known it also to be referred to as the "15-stitch" rule.

Police officers have made a rule that if a woman has been beaten previously and either called the police and not filed a complaint or failed to call the police, that they will not aid this woman now. It is based upon the officer's prediction that her prior failure to institute criminal prosecution means that she will not do so in the future. We have found exactly the opposite. A woman is more likely to follow through when she has either failed to get aid in the past or has not been met with any kind of strong response. The more frustration she has met with previously, the more likely it is she will follow through.

Our clients have been treated in hospitals, gone to priests, social workers, psychiatrists, and not gotten any help. Ultimately they turned to divorce through our agency. We find that this woman is more likely to follow through than the one who has suffered the first beating only. The police are incorrect in assuming the opposite.

What we need to do is to compare the three jurisdictions—the one that has the mediation and no arrest policy, the one——

Mr. Scheuer. Does that include counseling of the husband, some kind of formal counseling?

Ms. Fields. What we want to do is examine the police activity. Counseling, I think, goes to the judicial level—to what the judge is going to do. I do not think we want police officers adjudicating these cases. Counseling is what the judge could order upon conviction as adjournment in contemplation of dismissal.

Mr. Scheuer. With or without a conviction, isn't there an informal system by which that abusing husband could be afforded some kind of counseling?

Ms. Fields. It could be ordered by the court as an option to conviction as part of the diversion out of the criminal justice system. This is not done frequently. I think it should be tried.

The problems historically are that the psychological field believes that one must voluntarily enter these programs in order for them to be successful. I would like to see what kind of result we had from compulsory counseling. It would be an interesting project to take the two groups of men—one group of men put into mandatory counseling as a condition for release before trial and the dismissal of charges, and the other group of men put on probation or sentenced to 30, 60, or 90 days, whatever the sentence for the misdemeanor assault they committed—and compare and follow these two groups of men to see what would happen.

I would also like to see what results might occur from an examination of strong police intervention, no police intervention, or police discretion only, in which we can get a perception of the police officer's normal tendencies left to his own likes.

In addition, we know that there were 2,359 spouse murders reported by the FBI. Uniform Crime Reports in 1975. This was 11.5 percent of the total number of criminal homicides. Examination of the social conditions which preceded these spouse murders by indepth interviews with convicted spouse murderers in institutions, I think, would give us a picture of what precedes the murder.

We know, for instance, when we incarcerate men or women for murdering their spouses we make orphans of their children. It might be interesting to find out how many children of spouse murderers are in institutional settings or are being supported at public expense either through social security benefits or through public assistance benefits of welfare.

We might also want to compare and contrast those families in which the violence ended with a murder of one of the parties, and those families in which the violence was concluded or terminated through divorce or separation or counseling to determine what kinds of peaceful methods of terminating violence are available and which are most efficacious for all of the members of the family, including the child, who may or may not be involved.

Mr. SCHEUER. I think the record would show, sort of supporting this approach, by the time a murder takes place, a very large portion of the cases that end up in a death were in the courts, in the police station, perhaps as many as a dozen times before for serious battering. In other words, the murder wasn't the first violent episode. There were repeated attacks of serious violence that were brought to the attention of the institutions in our society and, obviously, the fact that after half a dozen or a dozen confrontations with our institutions, the fact that when that took place we saw the failure of our institutions to cope with this kind of phenomena.

Ms. FIELDS. We need data of this type. Police department should report, which they do not do now, the relationship of the offender and victim for all assaults. In addition to reporting the relationship of victim and offender in violent crimes other than murder, we might also want to know what kind of disposition the police department or prosecutor's office made. We know the result in murder cases only. It would be interesting to know what happens when people seek help from police agencies for serious violence and minor violence before the murder level, and to see what kind of response they get when they seek help. We do not know this now.

We only know that the police report to us that their regulations state that they do X, Y, and Z. Yet we know in our office and all over New York City that in spite of what the regulations say, what the police officer does on his individual response is entirely different. I would like to have an analysis of that. It is research that is desperately needed in order to find the gap between the rule and the practice. Once we determine what that gap is, we need to know the effect of the various kinds of practice on repeated violence in this family, on the ultimate murder rate on this family.

Mr. SCHEUER. And the effects on the kids?

Ms. FIELDS. That is another problem, yes.

Mr. SCHEUER. That is a very big problem.

Ms. FIELDS. That has not been studied. We do not know.

Mr. SCHEUER. As I have said before, we have found an astonishing and alarming percentage of adult batterers, both spouse batterers, child batterers, and rapists, and perpetrators of violence against strangers, as the victims of battery as children and the victims of sexual abuse on children. So this is sort of perpetuating the chain of violence and generational link. It seems to me it is very important as a matter of social service.

Ms. Fields. The social services, medical services, legal services, and housing and food services are provided under one roof in a shelter. This *gives us a unique opportunity to study the effect on* the children because the women in the shelters are accompanied by minor children. Yet, this is not built into most shelter proposals because it would be an enormous expense. The expense of employing a child psychologist as a consultant is too much. This is a cost that shelters recognize would prohibit them from providing basic services such as food and electricity because their budgets are so tight. So I think we might want to build into some of the shelter proposals funding provisions for child psychologists to examine and analyze what has happened to the children of battered spouses.

Our clients tell us their children have very short attention spans in school, and that they tend to be bed wetters to a very late age. They tend to be violent with each other. They tend to be very disobedient towards their parents, their mother particularly. They fear their father but act out against the mother. That is all very informal and very impressionistic. We might want to analyze those kinds of problems so we can quantify them and get an accurate picture of the effect on children.

Certainly Federal funding of shelters, at least the startup costs are a basic need that perhaps the committee should be supporting. The problem of enforcement of child support and alimony in divorce is enormous and causes women to stay in violent relationships out of basic economic necessity.

A 10-year study of court-ordered child support in Wisconsin showed that only 38 percent of husbands ordered to make child support payments fully complied with those orders from the first year that the order had been made. There is a subsequent study that is being done now.

The need is for further study of this problem. We have two very limited studies on the amount of child support and alimony compliance. We need to study compliance with court-ordered child support and court-order alimony.

Mr. Scheuer. And what means we can devise for that?

Ms. Fields. Exactly.

In addition, what new methods can we develop to create effective support and alimony enforcement and compliance. I have several ideas which I have put in my paper, any number of which could be tried on an experimental basis in various jurisdictions, such as support orders said by payroll deduction from their inception. Retroactive support orders could repay emergency welfare benefits that spouses have had to rely upon while the court action determines the amount of support to be paid. The retroactive orders would have the benefit of discouraging delays which are now resorted to as a method of saving money by avoiding the requirement of paying support.

There are several more proposals including interest penalties for willful default in child support payments. Studies of this nature will give us a picture of what we are up against and give us a picture of what our options are to create viable alternatives and solutions to these problems.

Thank you.

Mr. SCHEUER. Thank you very much, Ms. Fields.

Now, do any of you have anything specific to give us on the very narrow, simple question of the mission of this subcommittee concerning Federal R. & D.? What R. & D. is needed? *What areas* have not been explored? What kind of R. & D. do we need?

Dr. WALKER. I think I would really like to stress some of what has been said in today's hearings, most importantly, that the problem of domestic violence has not been defined as a problem until recently and that is a first step. We have not researched it because we did not think it was a problem. It was a natural event that occurred, acceptable under the law and in common practice. Previously we were really attempting to prevent the most serious violence from occurring but had not looked at the effect of continuing violence on a new generation.

I think, if anything, the R. & D. needs to be in every single facet of our life. Every problem in life is affected by the domestic violence—our children, our health, our mental health, our legal system, job training. I guess your suggestion of a preventive approach is essential.

I have been associated with the Community Mental Health Center movement for about 10 years now. I do agree with Dr. Flitcraft that sadly, it is going back to a psychiatric medical model again when that is exactly what the community mental health movement was designed to avoid.

Preventive services have not had research and design funds. We don't know how to measure good preventive service. Perhaps that is an area your subcommittee could review. How can we measure it? We know that we cannot just use incident counting because, whenever you start preventive programs, you get lots of increase in the numbers immediately.

It isn't until a number of years into the program that incidence rates drops. We need that support, that kind of R. & D., so that we don't lose some of the very good preventive programs that we have begun to establish.

Mr. SCHEUER. Thank you very much.

Dr. Steinmetz?

Dr. STEINMETZ. I think when it comes to allocating money you should also take into consideration the tremendous cost to society in terms of cost to the legal system, welfare system, prison system, time lost from work, police, and so on. I think that if we recognized the total cost to society as a result of domestic violence there might be a more liberal freeing up of money to eliminate the problem.

The first suggestion I have is the need for grants to develop models to better utilize and coordinate already existing services. Many services are already existing in our communities but they have never been identified as being able to provide help to the families that have experienced domestic violence. I think that we might better utilize some of these facilities.

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My second recommendation is that we have an adequate number of R. & D. grants with a built-in evaluation component. We need to know which programs are working more successfully and what the various factors are that contribute to the success of a program.

My third suggestion is that we must continue with basic research not only to answer some of the questions that have come up yesterday, today, and will probably come up tomorrow, but also so we can continue to monitor the problem.

There is only one study in existence that has national data on different aspects of family violence. That is the NIMH-funded study conducted by Murray Straus, Richard Gelles, and myself. Hopefully, on a 5 or 10 year basis that kind of research will be continued so we will be able to assess the problem over time. We need to evaluate societal influences on violence as well as the effect of programs designed to reduce domestic violence.

The fourth suggestion is the need for some kind of a clearinghouse so that people who are interested in starting programs or need information will be able to readily find existing materials.

There should be access to a listing of the programs that have been funded by Government. I guess I am thinking of something like the clearinghouse on alcohol abuse or child abuse, that would look specifically at domestic violence.

Mr. SCHEUER. Thank you very much, Dr. Steinmetz.

Do you have something to add, Dr. Flitcraft, on just the specific recommendations?

Dr. FLITCRAFT. I would like to evidence a concern about the development of a program within an existing institution. I think that is all you have to rely upon at this point. I think the laws on the books will probably support the judges behind the bench.

Mr. SCHEUER. What was that?

Dr. FLITCRAFT. The laws on the books are probably less important than the judges behind the bench, and therefore research ought not to be beamed necessarily at the things law or number of prescriptions, or the kinds of testing the cataloging that is methodically most available, but really ought to be aimed at a critical analysis of the existing institutions and how in fact they operate. Where are their prejudices? How are they grounded? How is its theory of the family interpreted?

I would like to say that it appears that the community-based shelter movement is with us and is growing. To a large extent the community-based shelter movement is in itself innundated by references from existing agencies that the shelters become a dumping ground. They become centralized social service, and all of the social workers in the city dump people on them.

Rather, I would like to suggest that we experiment and that a protocol be considered in which the shelter becomes not simply a prison away from society for keeping people safe but it becomes a community watchdog where it would have independent access and could oversee the function of existing hospitals, police court proceedings, and so forth, so that ongoing practices of these agencies can be subjected to public scrutiny, and I think therein lies the answer.

Mr. SCHEUER. Do you think the shelter can do this.

Dr. **Flitcraft.** I think the community-based shelter is the only place at this point that has sufficient understanding of the problem and has evidenced sufficient expertise in this area to provide this kind of watchdog.

Mr. **Scheuer.** All right. Thank you very much.

Dr. Myers?

Dr. **Myers.** I am in agreement with what these women have said so eloquently. I would like to conclude by saying that the shelters like the one we envision in Houston will direct its attention to comprehensive services for women, not compartmentalizing them by problem. I would hope that funding for such a shelter might come, in part, from governmental sources.

Mr. **Scheuer.** Thank you. Mr. Shacknai will now address several questions to the panel.

Mr. **Shacknai.** During our recent hearings on violent behavior, the problem has been raised of how we bridge the gap between the research community and the service community. It has come up on a number of occasions. This morning Dr. Walker made reference to it in her testimony.

I am asking you this question in your joint capacity as researchers and to some extent practitioners out there in the field. What kinds of measures can the Federal Government take? What kinds of programs can we encourage that to some extent will bridge the gap and bring the two communities together so that the research being done in the laboratory can be made applicable to policy in the field?

Dr. **Walker.** I think one of the things that can be done is provide the community-based shelter movement with an ongoing consultation at all times from the professional community, from professionals who are giving special, psychological, and rehabilitation services. I think that is essential. The more we work together, the more we work out our problems, because they are similar in nature.

When we divide funds so they come from different sources rather than into a comprehensive program we create strife because everyone fights for the same few dollars.

I think that it is essential that we mandate a comprehensive kind of shelter so that everybody really has to work together.

Mr. **Shacknai.** You wouldn't think that in a piece of legislation that might pass this Congress that the research elements and the service elements in a given agency should be separated to insulate the researchers from the political pressure of the action component?

Dr. **Walker.** Absolutely not. I think it is a misnomer that researchers are isolated from politics. That is just not true. Good social policy researchers must combine basic scientific and political realities or the research will not result in realistic social change.

Mr. **Shacknai.** It wouldn't be our intention to isolate them. However it has become evident in this subcommittee's investigation of the Department of Justice that there has been a great deal of politization in the reesarch effort—NILECJ. This is something that researchers have continued to complain about and claim interferes with their work.

Dr. **Walker.** I understand what you are saying about the researcher and the practitioner. If you don't learn to work, within political realities when you are doing scientific research—if you sit there and complain rather than look towards compromise—you are really part of the problem and not part of the solution. That mistake is why we now have such controversy over how many battered men there are. The scientific researchers had a responsibility to guard against misinterpretation of their data so as to avoid the backtracking Dr. Steinmetz had to do at the beginning of her testimony today.

Dr. STEINMETZ One way to resolve this problem is to get around that when you incorporate into the guidelines for basic research programs the requirement that community people would serve as consultants. Of course, this would operate the other way also. When a group applies for funding for a crisis center or a shelter, there has to be a recognition, and it has to be down on paper, that consultants in the professional field or academia will be part of the program. This would foster the integration of research and service and eliminate some of the controvery over which should be funded, basic research or service programs.

I would like to reiterate my final recommendation, we need some kind of clearinghouse so that people in communities that may not have a university close by, with its library and retrival system, will be able to efficiently obtain a package of information that will provide data about various programs, as well as consultants who could provide technical assistance.

Ms. FIELD. The form of technical assistance that shelters need from lawyers in terms of corporate organization and structure, suppliers' contracts, labor relations, building codes, zoning, and health code compliance is woefully lacking. These are the kinds of technical assistance that can be made part of a clearinghouse and model contract and brief bank. All lawyers use model contracts. We use form books. The need is to revise those model corporate charters and zoning code variance application forms so that someone in a shelter can take a form or model and fill in the blanks and turn it into a funding application and zoning code variance application. It is desperately needed. We get calls from all over the country about problems that can be handled in a backup center.

The Center for Women Policy Studies has received a grant from the Law Enforcement Assistance Administration to be a clearinghouse. They publish a newsletter called Response, which covers sexual abuse of women and children and family violence. Perhaps that kind of work needs to be decentralized or funded to a greater degree so that it can be responsive to the needs of various regions.

The zoning code problems are going to be different in the more highly populated areas. It does not matter whether you have 16 people living in a farmhouse where there is nobody next door. It does if you are in an urban center.

How to reach the people in the street is another question. How do we get the knowledge of the availability of services and alternatives to the people who need this kind of help? One of the ways we have done it in New York is by publishing a small booklet. We have done this with a series of four foundation grants. We have distributed 85,000 copies free in the State of New York, and we have a backlog of 4,000 orders.

Mr. SHACKNAI. What is the nature of the booklet?

Ms. FIELDS. It is a self-help booklet. It is designed for use by the battered woman. We do not direct them necessarily toward clients coming to our office presenting spouse violence as the problem. We leave them in the waiting room when the tenant lawyers are doing their intake, and the booklets disappear at the same rate as when we have divorce clients in the waiting room. Everybody knows somebody who needs this self-help booklet.

I think it is one of the ways that perhaps the GPO can disseminate this kind of information as they do information on sterilizing groundhogs.

Mr. SHACKNAI. We would be grateful if you would submit that for inclusion into the hearing record, and we will certainly append that with the chairman's permission.

Mr. SCHEUER. So ordered.

Mr. SHACKNAI. Are there any other thoughts on the subject of briding the gap between the two communities?

Dr. FLITCRAFT. I would like to say I am not at all sure that the gap is bad. Many of the people who are working in this field, and I include myself, find ourselves working in this area not simply as professionals but our commitments and involvement with the community grounds our research. I am not at all sure that that describes all of the people in this kind of work, and, therefore, I would like to caution all of us about demanding professional involvement per se in research or program. For instance, all of the testimony that has ever been given on the issue indicates that the professional agencies are not adequate to the task. To call for professional involvement per se in shelters is irresponsible, given what we know about the institutionalization of sexism and racism. The difficulty we have eradicating institutional racism and sexism forces us to seriously question the increase of professional involvement. I would like to add that word of caution.

In terms of bridging the gap between the community and professionals, those professionals who involve themselves in community organizations find that the alleged gap no longer exists. If we simply mandate a position for professionals within the shelter movement, they will do less for the community than for their own professional advantage.

Mr. SHACKNAI. These are charges that have been made continuously during our investigation of violent behavior. This has been pointed out particularly in the area of sexual assault. It was raised as one of the major problem faced by both researchers and community practitioners. It is an area where the Federal Government can intervene to effect some meaningful change.

Dr. FLITCRAFT. One possibility is that the community organizations ought to have primary access to the data base in the development of research programs. I don't go so far as to say they ought to have legal power over the kinds of research that are financed by Federal Government funds, but I would suggest to any community groups that are operating that the involvement of professional researchers is a risk they are going to have to take for involving themselves in this kind of thing.

Mr. SCHEUER. I want to thank you all for your very thoughtful and stimulating and provocative testimony.

The hearing is adjourned until tomorrow morning at 10:00, in Room 334, Cannon Office Building.

[Whereupon, at 12:55 p.m., the subcommittee was adjourned.]

RESEARCH INTO VIOLENT BEHAVIOR: DOMESTIC VIOLENCE

THURSDAY, FEBRUARY 16, 1978

House of Representatives,
Committee on Science and Technology,
Subcommittee on Domestic and International
Scientific Planning, Analysis, and Cooperation,
Washington, D.C.

The subcommittee met, pursuant to recess, at 10:10 a.m., in Room 334, Cannon House Office Building, Hon. Carl D. Pursell presiding.

Mr. Pursell. Good morning. You probably realize that the House has canceled its legislative session today. With no session Friday and the so-called holiday Monday, and this being a poor year for Members of the House, many of them returned home quickly last night and this morning.

Our chairman, Mr. Scheuer was called away on an emergency yesterday, after our second day of hearing. I am Congressman Pursell from Michigan, representing the Second Congressional District, better known as the University of Michigan area. We have many people in our university who are interested in your testimony. Today we are in our third and last day of hearings.

The staff was telling me last night, aside from what I consider an unimportant athletic event on television, that this committee did receive nationwide coverage on Walter Cronkite's and George Herman's broadcasts regarding testimony and comment made in this committee yesterday and on the first day. Today, we are delighted to have some very prominent people here who are recognized throughout the country in their particular field of expertise whom I would like to introduce. We will do two things. We will try to summarize testimony instead of having it read so that we can add some informality to the hearing. And also when we conclude with individual testimony or as you finish, and if we have any questions that the staff and I would like to present, we will take an answer from anyone on the panel. And we will have an ad hoc panel to interact on those questions.

Let us proceed on schedule. We have no real firm commitment, but to give the audience an idea of the schedule we will go at least until the noon hour, and we will see where we go from there.

I would like to introduce Dr. Richard Gelles, Department of Sociology and Anthropology, University of Rhode Island, to present his testimony first.

[The statement of Dr. Gelles is as follows:]

Testimony Before the Committee on Science and Technology
United States House of Representatives
February 16, 1978
Rm 334 Cannon House Office Building
Washington, DC

Overview of Research into Child Abuse

Richard J. Gelles, PhD
Department of Sociology
University of Rhode Island
Kingston, RI 02881

I have been asked today to provide a brief overview of current research into the problem of child abuse. Before beginning it would seem beneficial to briefly review the history of research into child abuse and the role played by the Federal Government in sponsoring such research.

As far as can be determined from historical records, we have always had abused children in the United States (Bakan, 1971; Newberger, ND; deMause, 1974, 1975; Radbill, 1974). Children were abused by their parents and caretakers almost as soon as the Pilgrims settled in Plymouth. What was different about child abuse in Colonial times was that much of it was legally sanctioned and mandated. "Beat the devil out of him" is a homily derived from colonial times when parents were taught by church elders that children were born corrupted by original sin, and that the only path to salvation was to physically beat the devil out of the child. Some legislatures enacted "stubborn child laws" which gave parents the right to actually kill unruly children (although historical evidence implies that few if any children were ever killed under the mandate of this law).

In 1871 New York City church workers tried to get help for a badly abused child named Mary Ellen. They found that the only agency which was equipped to help them and the child was the Society for the Prevention of Cruelty to Animals. The case of Mary Ellen brought about the creation of the first chapter of the Society for the Prevention of Cruelty to Children (Fontana, 1964). Even today we still have more widespread organized services for the prevention of cruelty to animals than cruelty to humans.

A resurgence of attention to the issue of child abuse and child maltreatment occured in 1946 when diagnostic radiologists used the technology of X-ray to diagnose patterns of healed fractures in young children which could have only resulted from repeated blows inflicted by parents or caretakers. (Caffey, 1946).

Yet, despite attention drawn to the problem of abused children by radiologists in the forties and early fifties, it was not until C. Henry Kempe and his associates published their paper on the "battered baby syndrome" in 1962 that national attention was focused on the plight of abused children (Kempe et. al., 1962).

By 1968,all fifty states had enacted legislation to mandate the reporting of child abuse to official agencies.

In 1972, the Federal Government began hearings on the problem of child abuse and neglect and the Child Abuse Prevention and Treatment Act was passed in 1974, establishing the National Center for Child Abuse and Neglect. The National Center was provided a modest budget to support research on child abuse and neglect, to establish demonstration programs designed to treat and prevent child abuse, to serve as a clearinghouse for all information on this topic, and to conduct a national incidence study on child abuse and neglect.

As of this date, the refunding and continuation of the National Center for Child Abuse is still pending in Congress.

Throughout the entire history of concern over, and research into, the problem of child abuse, the same questions have been asked. Everyone wants to know: What is child abuse? How much child abuse is there today in America? Is child abuse increasing? What causes people to abuse their children? And, Can we prevent child abuse?

Unfortunately, when a topic is as emotionally charged as is the topic of the abuse of children, most people have little patience when it comes to waiting for answers to these questions. The clear mandate is that we "must do something about child abuse right now!" Consequently, researchers who answer the key questions by saying "we don't know yet," or "we need more time," or "we need more resources" are brushed to the side by those who feel they cannot wait for the orderly progress of research and believe that time and resources are needed to do something more than engage in research.

Investigators who study the topics of child abuse, wife abuse, husband abuse, and other similar issues face the grim task of having to "compete" for money to engage in research (which may not provide answers for years) alongside of social service personnel who require resources to do something immediately to stop and/or treat the abuse of children.

OUR PROGRAM OF RESEARCH

The program of research which we have engaged in at the University of Rhode Island, and in collaboration with our colleagues at the University of New Hampshire and the University of Delaware, has been designed to answer the fundamental questions about child abuse. Our concern has been to adequately and accurately measure the amount of violence directed towards children by their parents in the United States. Our next concern is to examine, test, and develop theories which can explain the abuse of children.

In order to address these questions, we undertook a national study of the incidence, nature, and causes of violence towards children in the United States (along with Dr. Murray Straus, University of New Hampshire and Dr. Suzanne Steinmetz, University of Delaware).

This study was designed to overcome some of the major drawbacks of previous research into the topic of child abuse, and provide new and competent knowledge about child abuse.

Most of the published research on child abuse suffers from similar drawbacks:

1. First, nearly all of the research done on child abuse in this country focuses on cases of child abuse which have been officially designated "child abuse." The problem with this is that people who are labeled "child abusers" do not constitute the entire universe of child abusers. Moreover, those who get "caught" abusing their children are systematically different from people who injure their children but are not publically labeled child abusers (Gelles, 1975). Research which examines officially labeled cases of child abuse can not be used to estimate the incidence of child abuse, because many cases are not officially reported. Secondly, this research can not be used to explain what causes people to abuse their children because the factors which cause people to get caught

abusing their children are confounded with the factors which led them to abuse their children in the first place.

2. A second problem with most of the current research on child abuse is that the samples are usually small, regional and non-representative. Few of these studies employ representative sampling techniques, and even those samples which are selected using probability sampling can not be used to generalize to the country at large. The rate of child abuse in New York City is bound to be different than the rate in Kingston, Rhode Island, and the factors which cause people to be child abusers in one area may be different than the factors which lead to child abuse in another locale.
3. A third problem is that we are so new at investigating child abuse that errors and mistakes are common in our research. The methodological problems in the research on child abuse are varied and it plagues our ability to unravel the mystery of child abuse. A sampling of the methodological errors is provided in the appended paper titled "Etiology of Violence: Overcoming Fallacious Reasoning in Understanding Family Violence and Child Abuse."

We attempted to overcome some of the problems with current research on child abuse by conducting a national survey of the incidence and causes of violence in the American family. This study used probability sampling to identify a nationally representative sample of 2,143 American families. One-thousand one-hundred and forty-six of these families had children between the ages of 3 and 17 living at home.

This sample is unique because it is a nationally representative sample and because it does not focus only on those people who are caught abusing their children. The study is also unique because instead of trying to define child abuse (a problem which still has not been solved by those people studying child abuse), we asked people to report on whether or not they had engaged in any of a series of seven acts of physical force, ranging from spanking a child to shooting a child.

The complete results of our examination of violence towards children are appended in the paper titled "Violence Towards Children in the United States." The major findings include:

*63% of American parents with children between the ages of 3 and 17 living at home mentioned at least one violent episode during the survey year.

*Between 3.1 and 4.1 million children were kicked, bitten , or punched at some time in their lives by their parents.

*Between 1 and 1.9 million children were kicked, bitten, or punched by their parents in 1975.

*Between 1.4 and 2.3 million children have been beaten while growing up.

*Between 275,000 and 3/4 of a million children were beat up by their parents in 1975.

*Between 900,000 and 1.8 million American children have had parents who stabbed or tried to stab them or shot or tried to shoot them in their lifetimes.

Our estimate of the incidence of physical child abuse in the United States, based on an "at risk index" is that between 1.4 and 1.9 million American children are abused by their parents each year.

It is important to keep in mind that our estimate of the incidence of child abuse, while considerably higher than previous estimates, probably *underestimates* the true level of physical abuse. We have underestimated the incidence of child abuse for the following reasons:

1. Our data is based on parents' self-reports of acts of violence on their children. Since child abuse is illegal and considered one of the worst things a parent can do to their child, we believe that many of our respondents might have underreported the actual amount of violence they used on their children.
2. Secondly, our study omits an examination of violence towards children under 3 years of age. Much of the child abuse literature suggests that children under 3 are at the greatest risk of being abused.
3. Thirdly, we examined only intact families. If, as some believe, child abuse is more common in single parent families, then we have again underestimated the true level of abuse.
4. We examined only a limited number of violent acts. We did not ask about sexual abuse, burning, or a number of other physically abusive acts.
5. Lastly, we examined violence a child received from only one parent. Again, this may have led to a conservative figure for the incidence of abuse of American children.

In addition to our estimates of the incidence of child abuse we have found that:

*Mothers are more likely to use violence, and to use abusive violence on their children.

*Sons are more likely to be the victims of child abuse than daughters.

*Children 3 to 5 years of age and children 15 to 17 years old were at the greatest risk of being physically abused. Our findings

> indicate that child abuse is not confined to only young children. A survey at the University of Rhode Island found that 8% of college freshmen reported being physically injured by their parents during the last year they (the students) lived at home (Mulligan, 1977).

Recently, we have turned our attention to examining factors associated with acts of violence towards children. We have been analyzing the relationship between abusive violence towards children and the following factors:

1. Area of the country.
2. Urban, suburban, rural residence.
3. Education.
4. Income.
5. Occupation.
6. Age.
7. Religion.
8. Race.
9. Family size.
10. Stress.
11. Family power and decision making.
12. Experience with violence as a child.

The final results of this analysis will be published in our book VIOLENCE IN THE AMERICAN FAMILY (Straus and Gelles, 1979). To date we have found that Gil's theoretical position which argues that child abuse is caused by a complex pattern of interrelated factors is holding up (1970). No single factor completely explains child abuse. Some of the expected relationships have not been found, while other relationships have surprised us.

Clearly poverty, stress, and experiences with violence are related to who abused their child, but the relationships are modest and leave many questions unanswered.

Other Research on Child Abuse

In addition to the national survey of violence towards children in the United States, we have also been involved in a number of exploratory studies on labeling of child abuse cases. Our concern has been to examine why certain families are "caught" abusing their children and why other families escape detection. Also, we have focused on false labeling--children labeled "abused" who are not victims of abuse--and children who are abused who are not identified by professionals who examine them.

Another focus of our research has been to study data gathered in Florida and examine what, if any, characteristics of children and families influence their interaction with official child abuse agencies. Our interest focuses on whether the reported injury or other social characteristics of the child and the family determine if the case is labeled "child abuse" or dismissed as "unfounded."

Lastly, we have begun an examination of longitudinal data in the State of New York which examines children who were labeled as "child abuse" victims in the 1950's. Our concern is to see if being labeled a child abuse victim increases the likelihood of that child having future contact with criminal justice or mental health agencies.

Summary of Current Research

The state of the art of child abuse and neglect research is not very advanced. Researchers and practitioners still wrangle over a precise definition of child abuse. Because the definitions of child abuse vary from study to study, there is a major problem of comparability of current research projects.

We are at a point where we have a much more scientific estimate of the incidence of child abuse. Despite some of the problems in our national survey, it has provided the best and most scientific estimate of the incidence of child abuse to date.

We can not say what causes people to abuse their children because we do not really know. To paraphrase Dr. Edward Zigler (former director of the Children's Bureau), our knowledge about the causes of child abuse in 1978 is roughly similar to where we stood in our knowledge about mental illness in 1948 (Zigler, 1976).

Lastly, we can not be sure whether child abuse is increasing. There are no reliable scientifically gathered statistics which we can compare our national survey to. Any increase in the number of official reported cases of child abuse is almost certainly due to the recent increase in public concern and new legislation on this matter. Thus, we can only guess as to whether child abuse is a growing problem, is roughly the same as is has been in the past, or whether we actually are in the midst of a decrease in the incidence of child abuse.

To sum up, there are still many questions which we need to address in the study of child abuse. Unless we know what causes people to abuse their children, our strategies to treat and prevent abuse will be based mostly on intuition. We must also face the reality that there will be no simple answers to our questions. It will take quality researchers who do quality research and considerable time before we can even begin to unravel the complex research issues in the study of child abuse.

PROBLEMS IN THE STUDY OF
DOMESTIC VIOLENCE

Child abuse, wife abuse, husband abuse, and other forms of domestic violence are issues where researchers face major obstacles and hurdles which they must overcome if they are to obtain satisfactory answers to the crucial questions which are in need of investigation. In many ways the problems encountered by researchers interested in domestic violence are similar to the problems faced by any investigator who desires to study a phenomenon which is sensitive and where taboos exist against speaking about the behavior (see Farberow, 1966, for a complete discussion of researching "taboo topics" such as suicide, mental illness, sexual behavior, and homosexuality.)

However, research on domestic violence is unique and poses different problems than faced by investigators studying taboo topics. This is true because the family is different than other social groups. First, the family is a private group and second, it involves intimate social interactions.

Because the family is a private social group, most interaction takes place between family members behind closed doors--out of sight of neighbors, friends, and social scientists. The private nature of the family limits the types of investigatory tools which can be employed to study family behavior (Gelles, 1976).

A second important aspect of the family is that the relationships between and among family members are intimate. Thus, unlike other social groups, family structure arises out of intimate interactions. The special nature of intimate relationships tend to produce strong pressures against discussing family matters with those outside of the family. Parents often reprimand children for discussing their family matters with school counselors, friends, and neighbors. Likewise, the tendency to view family matters as sacred, private, and intimate, makes many individuals reluctant to talk about their family life with outsiders. In fact, this reluctance often becomes an adamant stand against nosey, uninvited intrusions of social scientists market researchers, and the like.

In addition to the problems caused by the family being private and intimate, there are roadblocks which confront researchers studying domestic violence.

One of the major problems in the area of domestic violence research has been in defining what is to be studied. Almost every major research conference on family violence, child abuse, wife abuse, and now husband abuse involves discussion and debate over definitions of the terms "violence", "child abuse", and "spouse abuse". The basic problem is that the terms "violence" and "abuse" are essentially political terms designed to call attention to a phenomenon which people believe to be problematic. There have been numerous attempts to actually define "child abuse", including the definition included in PL-93-237, "The Child Abuse Prevention and Treatment Act" which reads:

> "...the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby..."

An alternative definition is offered by Gil who states that child abuse is an occurrence where a caretaker injures a child, not by accident, but in anger or deliberately (Gil, 1970, p. 50).

The problem with the definition offered in PL-93-237 is that it is too broad (probably because it is used to establish a mandate for a government agency). The Gil definition suffers because it is difficult, if not impossible, to scientifically measure "intent".

The inherent problem with the term "child abuse" or "spouse abuse" is that the terms are designed to point the finger at the behavior of parents or spouses which deviates from society's norms about how parents should behave towards children and how spouses should behave towards each other. The crux of the problem is that norms governing parenting and marital interaction change over time and vary from group to group.

A problem also arises when the term "violence" is defined (see Gelles and Straus, 1978 for a detailed discussion of defining "violence"). The central problem here is that the more common an act of physical force, the less people are inclined to view that act as "violent." Thus, most people have taken issue with us when we have defined spanking or slapping a child as "violent."

Because definitions of "violence" and "abuse" vary from discipline to discipline and from investigator to investigator, one problem we encounter frequently is that research on domestic violence is not comparable. It is difficult to know whether findings vary because of the research carried out or because the researchers defined their issue differently from one another.

There are three additional problems which confront investigators of domestic violence. First, they must find subjects to study; second, they must collect information which they can use to test their theories or hypotheses; and lastly, they must design data gathering instruments and techniques which insure that they are obtaining truthful information (for a complete discussion of the problem in studying sensitive issues, and problems involved in studying domestic violence, see "Methods for Studying Sensitive Family Topics" which is appended to this paper).

The sensitivity and emotional charged nature of the topic of domestic violence creates numerous novel and significant obstacles which had to be faced and overcome in our research. We spent the first 6 years of our research hearing people say that it was impossible to study domestic violence by talking to people about violence in the family. We have faced the problem of actually having to ask, "did you stop beating your wife?" Currently, we encounter objection to our definition of violent behavior and the criticism that our subjects did not "tell all" about the level of violence in their family.

We concede that our definitions and our methods can be improved on, but we also point with some pride to the fact that we have overcome the initial problems in studying domestic violence and have shown that research on this important topic can be carried out. But, we have only begun to blaze the trail; much, much more is needed if we are to find the answers we seek.

PROBLEMS IN GOVERNMENT POLICY CONCERNING RESEARCH ON DOMESTIC VIOLENCE

We would not, and could not, be here today to report on our research on domestic violence if the Federal Government had not identified family violence as an important issue, and if the Federal Government had not set aside funds for research into this problem. Thus, to a certain extent, identifying problems in government policy in the area of domestic violence is, for us, looking the proverbial gift-horse in the mouth. However, there are problems.

It is unfortunately trite but true to say that resources and money lead the list of problems. Our indivdual research activities have been adequately funded, as have the activities of many of our colleagues. But the key problem is that in order to get at the important questions in the study of domestic violence, we need more good research. To get more good research, we need more good researchers. Thus, if the Federal Government is seriously interested in understanding and ultimately doing something about domestic violence, it will need to spend more money to attract more good researchers into this area.

A corollary issue is that the Federal Government will have to resist pressure from action groups to spend money only on services. Programs must set aside sufficient resources for basic research. It is very tempting to look for quick and easy answers to the problems of domestic violence, but if our eight year program of research on domestic violence has proved anything, it proves that easy answers do not exist.

Even with the establishment of the National Center for Child Abuse and Neglect, there still is not sufficient funds available to fully investigate domestic violence. In fact, some believe that the establishment of the Center caused other funding agencies to bypass promising research proposals in the area of violence towards children.

A second problem with Federal policy is time. In many instances investigators have been asked to submit proposals to meet deadlines which are unrealistic in terms of thinking through and planning out good research. Requests for proposals are issued with government deadlines and timetables in mind, and often result in situations where researchers with good ideas are shut-out from competing for research funds. The shorter the time between the issuance of a request for proposals and the deadline, the more competitive large research programs and profit making research corporations become, and the less competitive individual investigators are. Thus, many good, innovative, and important ideas are never funded.

A third problem has to do with the sensitive issue of protection of human subjects. Government policy designed to protect the rights of human subjects is necessary. But, if the policy is enforced with bureaucratic goals rather than protection in mind, many research projects on domestic violence which can protect subjects but require variances from mandated procedures will go unfunded.

A fourth problem is that the Federal Government, like many people, tend to see the various aspects of domestic violence as separate issues. Thus, we might eventually see Centers for Abused Wives and Centers for Abused Husbands. Our research has demonstrated that the real issue is family violence. One can not, and should not, separate these issues from one another. There seems to be an almost "knee jerk" reaction in Congress in 1978 to pass legislation dealing with abused wives. A number of proposed bills would only serve to separate abused wives out as an individual issue. This is not a useful tactic, from a researchers point of view.

A fifth problem has been the rather haphazard establishment of research priorities at the Federal level. In the beginning, the priorities were easy to establish--we knew nothing and we had elementary questions. However, as more and more research is carried out, the questions we need to address are more complex. However, at the Federal level, the questions are frequently formulated before the data are in. Thus, The Office of Human Development is establishing research priorities for the next cycle of funding even before the final reports from their first wave of research projects are completed!

A corollary issue is that in many cases research priorities are established at the Federal level without the benefit of input from researchers. This is sometimes necessary because it is unfair to let researchers have a say on the priorities which they will compete for funding under. However, it might be possible to bring in more expertise without giving away unfair advantages in the setting of Federal research goals.

To summarize the essential problems with Federal policy:

1. There is not enough funding available for basic research.
2. The allocation of research funds often prevents researchers from proposing adequate research projects.
3. Federal rules and procedures, while important and well intentioned, block essential and safe research on domestic violence.
4. The setting of research priorities is frequently haphazard and poorly informed.
5. The time frame of many Federal programs is often too narrow for supporting needed, long term research projects on domestic violence.

SUGGESTION FOR GOVERNMENT POLICY

The problems with Federal policy in the area of research on domestic violence are serious enough to hinder the development and improvement of basic research in the area of family violence. An example of the problems is the proposed fiscal year 1978 child abuse and neglect research and demonstration priorities issued by the Department of Health, Education, and Welfare/Office of Human Development Services/Administration for Children, Youth, and Families (see the Federal Register, January 23, 1978). The proposed priorities, if they were adopted, would be devastating for basic research in the area of child abuse. The priorities represent a retreat from basic research. The current 12 research projects would be reduced to 4 new projects in 1978 and the funds available for basic research would be drastically cut. Moreover, even the proposed basic research priorities are unrealisitc, given the problems facing researchers in this area.

We suggest the following steps towards improving Federal policy in the area of domestic violence research:

1. The setting aside of adequate funds for basic research in any Federal program designed to deal with domestic violence.
2. The reserving of a portion of funds for basic research for unsolicited proposals so that researchers are not constrained by time and deadline demands in designing and proposing research in the area of domestic violence.
3. The establishment of between 6 and 8 centers for the study of domestic violence--much like the regional resource centers in the area of child abuse. Such centers would stimulate research and would also attract top flight researchers to the area of domestic violence.
4. The funding of longitudinal research on the topic of domestic violence. Present Federal research grants and contracts are granted for up to three years. However, we need 10 year projects (at a minimum) if we are to adequately track down the causes of family violence.
5. Maintainence of a flexible policy on the protection of human subjects which guarentees that the subjects involved in domestic violence research will be protected, but which recognizes the particular problems researchers face in studying domestic violence.
6. A consolidation of Federal programs on child, wife, and

husband abuse into one program on domestic violence.

7. A recognition on the part of the Federal Government that the problems of domestic violence are serious, extensive, and complex. One ought not expect that answers and solution will be forthcoming in two or three years. It took centuries to develop violent families, it will take some time to unravel the problem and even more time before we can take steps to ameliorate the problem. Domestic violence is not some kind of passing fad. The research we have done indicates that there is a direct relationship between domestic violence and violence in the streets, juvenile delinquency, homicide, and political assassination. We are only at the beginning of our research on domestic violence and we shall need continued Federal interest in this topic if we are to move from our very elementary state of knowledge to a more complete understanding of domestic violence.

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STATEMENT OF DR. RICHARD J. GELLES, DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, UNIVERSITY OF RHODE ISLAND

Dr. GELLES. I think the questions that pertain to research on child abuse are similar to the questions concerning all research on domestic violence. Most people are concerned with knowing what is child abuse and how much there is in America. Is child abuse increasing? What causes people to abuse their children? And, can we prevent it?

I think one of the current roadblocks to good research in the area of domestic violence and child abuse is that the topic is so emotionally charged. Because of this, many people have very little patience when it comes to waiting for answers to the important research questions.

The mandate seems to be that we must do something about child abuse and wife abuse today.

Consequently, researchers who say that we need more time or more resources tend to get brushed aside by those who feel they cannot wait for the orderly progress of research. The people believe that resources are needed to do something now!

We often hear people say they know what causes wife and child abuse so let's do something about it. I think the problem is that we really do not know what causes people to abuse their children, and we do not know what causes spouses to abuse one another. We are at a preliminary stage in our research. Much of our research is simply not adequate. Much of the published research on child abuse suffers from similar drawbacks. For instance, most of the research is done by focusing on cases of child abuse which have been officially designated "child abuse."

The problem with this—this is also done in the area of wife and husband and elderly abuse—is that people who are labeled "child abusers" do not constitute the entire universe of child abusers. Moreover, those who get caught are systematically different from people who injure their children but are not publicly labeled "child abusers."

Research which examines cases of child abuse which are officially labelel cannot be used to estimate the incidences of child abuse because many cases are not reported.

Second, we cannot use this type of research to explain what causes people to abuse their children, because the factors that cause people to get caught are confounded and confused with the factors that led them to abuse their children in the first place.

An additional problem with much of the current research on domestic violence is that most investigations are based on samples which are small, regional, and nonrepresentative.

Very few studies ever employ representative sampling techniques. We cannot use the rate of child abuse in New York City to estimate the rate of child abuse in the country.

Another problem is that we are so new at investigating child abuse that we make errors and mistakes in our research. The methodological problems vary and they plague our ability to unravel the mystery of domestic violence.

In the research program which I have been involved in with my colleagues at the University of New Hampshire and the University of Delaware, we have gotten to a point where we can talk now about the extent of violence toward children in the United States.

We conducted a national study of violence between family members which surveyed a representative sample of 2,143 families chosen from across the country. The major findings that pertain to violence against children were that: 63 percent of American parents with children between the ages of 3 and 17 mentioned that there was at least one violent episode in their home during 1975. We found that between 3 and 4 million children were kicked, bitten, or punched at some time in their lives by their parents. Between 1 and 2 million children were kicked, bitten, or punched by their parents in 1975. Between 1.4 and 2 million children have been beaten up while they grew up and between a quarter and three-quarters of a million American children are beat up annually by their parents.

Our findings also indicated that between 1 and 2 million American children have had parents who stabbed or tried to stab them or shot or tried to shoot them in their life times.

We developed an estimate of the extent of physical child abuse in the United States, and that estimate is that between 1½ and 2 million American children are abused by their parents each year.

That estimate, to our knowledge, is the best scientific estimate which is currently available. It is based on scientific measurement procedures and a representative sampling.

To date, there are no studies which meet those two criteria. Nevertheless, as good as our methods were, even our estimate is low. We have almost certainly underestimated the extent of child abuse for various reasons which I have listed in my complete testimony.

Further analysis of our survey data reveals that mothers are more likely to use violence on their children, sons are more likely to be the victims of child abuse, and children 3 to 5 and 15 to 17 are at the greatest risk of being physically abused.

The last finding, that children 15 to 17 years old are at great risk of being abused points to a new problem which has yet to be publicly recognized, adolescent abuse. Recently, we conducted a nonrepresentative survey at the University of Rhode Island, and found that 8 percent of our college freshmen were physically injured by their parents during the last year they lived at home. Our sample consisted mostly of middle-class students, and we were surprised by the extent of violence they experienced. The real incidences of adolescent abuse can conceivably be double of what we found.

We recently have turned our attention to examine factors associated with acts of violence toward children, and we are analyzing the relationship between abusive violence toward children and the following factors: area of the country; urban, suburban, or rural residence; education and income of the parents; occupation of the parents; age of parent; race; family size; stress; family power and decision-making; and experience with violence as a child.

When we have concluded this analysis we will again have unique data which does not suffer from some of the more common methodological problems in child abuse research. We will be able to identify, for the first time, which are the families where violence is most likely to take place toward American children.

The state of the art of child abuse research is not very advanced. We are only now at a point where we have some scientific estimate of the incidence of child abuse.

As yet, we do not know what causes people to abuse their children.

To paraphrase what Dr. Edward Zigler said 2 years ago, our knowledge about the causes of child abuse in 1978 is roughly similar to where we stood in our knowledge about mental illness in 1948. We do not know whether child abuse is increasing. We have no statistics which we can compare our own research to.

To sum up, there are still many questions we need to address in the study of child abuse, and there are problems which interfere with our ability to answer these questions.

It is very obvious that one of the major problems in the area of child abuse is the term itself. "Child abuse" is a political term which is designed to call attention to a social problem. It is not a scientific term, and it has never been satisfactorily defined. Because of that, almost every research project ever carried out has a unique definition of child abuse, which makes the results noncomparable.

The second problem is to locate subjects to study. When you study domestic violence, you virtually have to ask, "Have you stopped beating your child"? and, "Have you stopped beating your wife"? This is difficult to do, and it is difficult to find people to answer those questions.

Lastly, and the most important problem we face, is to develop techniques by which we can ascertain whether or not people have in fact told us the truth.

Many of the problems with current research on domestic violence are often, in part, caused by Government policy concerning research on domestic violence.

It is almost trite to say, but it is true, that there is simply not enough funding available for basic research.

Second, the manner in which Federal funds are allocated for research often prevents researchers from designing adequate research projects. The use of contracts, requests for proposals, or 21-day turnaround times do not allow for well-developed research projects.

The Federal rules and procedures intended to protect the rights of human subjects oftentimes, unintentionally, block essential research on domestic violence.

Fourth, many times the setting of Federal priorities in the area of research on domestic violence is haphazard and poorly informed.

Federal agencies often do not consult researchers in the field, and if they do, they do not pay attention to what they were told when they established research priorities.

Last, the time frame of many Federal programs is much too narrow to support needed long-term research projects.

For instance, the National Center on Child Abuse and Neglect is currently proposing to fund research for 3-year terms. To adequately carry out longitudinal research in this area, one would have to propose a research project lasting as many as 5 or 10 years. Most Federal agencies cannot promise a time frame of that length.

An example of the problems associated with Federal support of research on domestic violence are the proposed fiscal year 1978 child

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abuse-neglect research and demonstration priorities issued January 23 by a Department of Health, Education, and Welfare/Office of Human Development Services, Administration for Children, Youth and Families. These proposed priorities, were they to be adopted, would devastate basic research in the area of child abuse. The priorities represent a complete retreat from basic research. The 12 research projects that were funded over the past 3 years would be reduced to only 4 new research projects. The funds available for basic research out of this agency would be drastically cut. Moreover, even the limited proposed basic research priorities are unrealistic.

We suggested the following steps for improving Federal policy in this area.

One: The setting aside of adequate funds for basic research in any Federal program designed to deal with domestic violence.

Two: The reserving of a portion of funds for basic research for unsolicited proposal so that researchers are not constrained by time and deadline demands in designing and proposing research in the area of domestic violence.

study of domestic violence—much like the regional resource centers

Three: The establishing of between six and eight centers for the in the area of child abuse—for provision of services. Such centers would stimulate research and would attract topflight researchers to the area of domestic violence.

Four: The funding of longitudinal research on the topic of domestic violence. Present Federal research grants and contracts are granted for up to a maximum of 5 years. However, we need 10-year projects to adequately track down the causes of family violence.

Five: Maintenance of a flexible policy for the protection of human subjects which guarantees that the subjects involved will be protected, but which recognizes the particular problems researchers face in studying domestic violence.

Six: The next recommendation deals with the fact that the Federal Government, like the general public, tends to separate issues out. They tend to talk about child abuse or wife abuse or husband abuse or grandparent abuse when the real issue is violence in the family. We recommend a consolidation of Federal programs on child, wife, and husband abuse into one Federal program on domestic violence.

Seven: Lastly, we urge that the Federal Government recognize the problems of domestic violence, and that those problems are serious, extensive, and complex.

One cannot expect that answers and solutions will be forthcoming in 2 or 3 years. It took centuries to develop violent families in this country. It will take some time to unravel the problem, and even more time before we can take steps to ameliorate the problem.

Domestic violence is not some kind of passing fad. The research we have done indicates there is direct relationship between domestic violence and violence in the streets, juvenile delinquency, homicide, and political assassinations. We are only at the beginning of our research on this subject, and we will need continuing Federal interest on this topic if we are to move away from a very elementary state of knowledge to a more complete understanding of domestic violence.

Mr. **Pursell.** Thank you very much. We have a question from Bill Wells, our staff director.

Dr. **Wells.** I would like to address this to all of the witnesses and perhaps you could also respond later if it is going to take too much time right now.

In looking over the testimony of these hearings and other hearings I find that witnesses are loathe to criticize Congress when they come as witnesses before congressional committees.

Yet I think one of the realities that affects social science research is that there is a great variety of reactions and actions on the part of Congress in responding to work in the social sciences, particularly social science research. I think it is regrettable but true that, for example, the Appropriations Committee in the Congress have been quite skeptical of social science research for the past 30 years. This view has persisted since the post-World War II days when the National Science Foundation was formed and when there was discussion of whether the National Science Foundation should have a social sciences division.

One of the prices paid in order to have the NSF established was to eliminate the social sciences division.

Over the years, social sciences research has been systematically cut to very low levels. A comparable attitude has existed during the years we had science advisors to the President.

Their attitude has often been that social scientists have not yet discovered their "Newton's laws" and until they do they are not likely to receive major support from the Federal Government.

Now, with this long introduction, I would like to put the question to you: In what ways do you think that Congress or the committees of Congress, key individuals and key offices in the executive department, can be convinced that the kinds of research being described here can better be supported? In what terms can it best be couched? How can the case be better approached? How, for example, can the National Science Foundation, which now has a total of $1 billion annually and still has a social sciences program on the order of $20 to $25 million, be enhanced with respect to the social sciences? I think these are the problems that face us, that we need some advice and counsel on, in order to proceed.

It is a very complicated question, Mr. Pursell.

Mr. **Pursell.** Would any of the witnesses like to comment while they are here?

Dr. **Newberger.** My name is Eli Newberger and I am a pediatrician from the Children's hospital in Boston where I direct the Family Development Study. I think it is entirely true to say, particularly with regard to the problem of child abuse, that research in this area is under-funded, and the Federal agencies in the executive branch do their job in a way which is poorly coordinated.

We have a situation where there is a certain amount of support available for social scientists as well as for medical investigators, but it is a very small amount. Different aspects of the problems are tended to by different Government agencies without nearly adequate coordination.

I think it is here that some high-level integrative leadership is needed in the executive branch.

Dr. **Gelles.** I would like to add an anecdotal answer to the question.

Dr. Newberger and I sat on the Senate side last year and testified before a Senate committee on the topic of child abuse. We heard that the city of New York spent $1/4 billion on foster care replacements for children. The Senators asked, "Is that really the right amount of money?" And the answer was, "Yes, a $1/4 billion." The situation that the Federal and regional governments are presently involved in is that they are now spending money to cope with child abuse, wife abuse and domestic violence. In an ideal world it would be nice to think you are spending money the proper way.

In many instances, money spent for foster care could be better spent if we had research that told us what, in fact, causes people to abuse their children and what in fact, are effective treatment procedures.

The argument I could make for social science research is, if you do not have the answers to the fundamental questions concerning cause, you may well be wasting a tremendous amount of Federal dollars on programs that, in the long run, are never going to do any good. We could have psychiatric counseling for battering parents for years and it would not solve anything because psychiatric abnormalities play only a small part in causing people to abuse their children.

One way or the other, the Federal Government is going to spend money. It would seem to me, from an outsider's point of view, they might want to spend their money wisely. To spend money wisely, Congress should be informed as to what exactly is going on. The only way they will be informed is through social science research.

Mr. PURSELL. Let me follow up on that, Dr. Newberger.

You say we lack the coordination at the Federal level or we say it is somebody else's business to do the research. It seems that the universities sort of parallel the Federal Government. We have pieces of it floating around the country in the form of various grants for research and it does not seem to be pulled together into a national strategy.

Would you suggest how that might be developed at the national level or through HEW, and you know how big it is. I am particularly interested in pulling it out of the Department of HEW—I will introduce a bill on it next week—in order to deal with young people and which will include job training, the lack of which is part of the problem, as is seen when they grow up and become violent. Do you have a constructive suggestion as to how that might be better coordinated?

Dr. NEWBERGER. What you say about the universities is unquestionably true. They do not always marshall their resources to work harmoniously together. Particularly in a field like family violence, it is of exceeding importance to get people together from different scientific disciplines and from different areas of clinical practice. For example, the fields of sociology, psychology and the basic sciences of medicine, like psychiatry, are frequently in most inadequate communication even in excellent universities like the one with which I am associated. And the schools of medicine and law and public health are frequently constrained by very serious jurisdictional and professional boundaries.

People speak different languages in the different disciplines and there are administrative constraints to their working together.

But I think it can safely be said that, by and large, people who are concerned with conducting research on problems of this nature will follow the money. And if there is an incentive toward interdisciplinary cooperation and bringing together people from various faculties that have to talk with one another in order to be able to do their work, this will happen.

Dr. Gelles and I have recently been discussing ourselves how important it would be to give some of the social scientists who have some creative and important work to do in this field some clinical exposure.

This is devilishly difficult to do. As a result, many of the people who are doing research on family violence have not had contact with clinical cases unless they are enterprising people like Dr. Gelles, who will go to the police department and ask to interview families who have been involved in violent incidents.

Mr. **Pursell.** I am sure that many of us in Congress have never been out in the field to see what is happening in the communities and to translate it into a realistic solution.

Do you think it is possible that, while we have had White House conferences on education and balanced growth, Congress could develop a mechanism to pull together people like yourself, and Dr. Gelles and others, to develop a strategy which might be translated into legislation or State programs provided that there is some research to back that up? I understand from his testimony that maybe we are not ready to allocate Federal resources until the research is pulled together. Is it possible that Congress could ever attempt something like that?

Dr. **Newberger.** I think it is well to keep in mind the fact that there have been Congressionally inspired undertakings of this kind which have led to very fruitful results.

The joint commission on the mental health of children, for example, during the 1950's, the vice president of which, Dr. Julius Richmond, is now the Assistant Secretary for Health in HEW, was an undertaking established by the Congress which led to a very considerable review of our knowledge base on children's mental health, and some well defined recommendation. I would add that the recommendations have yet to be acknowledged and built upon as cornerstones of national policy in children's mental health.

Mr. **Pursell.** It takes about 20 years to get into the implementation of a policy sometimes that is evolutionary rather than revolutionary.

Dr. **Newberger.** If one accepts the data that Dr. Gelles has shared with us on the extraordinary prevelance of violence in American families, then I think this is a problem for which we should certainly consider such an approach.

Mr. **Pursell.** We will move along with our testimony.

Our next witness will be Mr. Lawrence Brown, director, Child Protection for the American Humane Association, from Englewood, Colo.

Would you take a minute to tell us a little bit about that group. I do not think too many people are familiar with it.

[The statement of Mr. Brown is as follows:]

STATEMENT OF LARRY BROWN

FEBRUARY 16, 1978

COMMITTEE ON SCIENCE AND TECHNOLOGY

U.S. HOUSE OF REPRESENTATIVES

MR. CHAIRMAN, MY NAME IS LARRY BROWN. I AM DIRECTOR OF CHILD PROTECTION FOR THE AMERICAN HUMANE ASSOCIATION. OUR NATIONAL HEADQUARTERS ARE IN DENVER, COLORADO, AND WE ARE AN ASSOCIATION OF AGENCIES AND INDIVIDUALS WORKING TO PREVENT NEGLECT, ABUSE AND EXPLOITATION OF CHILDREN. OUR AGENCY AFFILIATES INCLUDE STATE AND COUNTY SOCIAL SERVICE DEPARTMENTS, JUVENILE AND FAMILY COURTS, SCHOOLS, HOSPITALS, AND LAW ENFORCEMENT AGENCIES. THE ASSOCIATION WAS FOUNDED IN 1877. PRINCIPAL ACTIVITIES OF THE AMERICAN HUMANE ASSOCIATION ARE TRAINING, CONSULTATION, PUBLICATIONS AND RESEARCH.

AMERICAN HUMANE IS GUIDED BY A NATIONAL BOARD OF DIRECTORS, AN ADVISORY COMMITTEE OF EXPERTS IN CHILD PROTECTIVE SERVICES AND A TRAINING AND CONSULTATION FACULTY OF PROFESSIONALS FROM THE FIELDS OF SOCIAL WORK, LAW AND MEDICINE.

WITH A GRANT FROM THE CHILDREN'S BUREAU OF THE UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, AMERICAN HUMANE BEGAN IN 1973 TO DEVELOP AND OPERATE A CLEARINGHOUSE FOR NATIONAL REPORTING OF CHILD ABUSE AND NEGLECT. THE PROCESS HAS CONTINUED UNDER THE DIRECTION OF THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT WHICH WAS ESTABLISHED IN 1974 BY THE CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT ACT.

AS AN ADVOCATE FOR THE RIGHTS OF CHILDREN, WE HAVE SURVEYED NATIONALLY LEGISLATION AND PROGRAM DEVELOPMENT AS A MEANS OF PROVIDING THE BASE FOR PROMOTING IMPROVED SERVICES TO NEGLECTED AND ABUSED CHILDREN AND THEIR FAMILIES. IN THIS REGARD WE HAVE PUBLISHED A STATE BY STATE

ANALYSIS OF CHILD ABUSE REPORTING LEGISLATION AS WELL AS A NATIONAL ANALYSIS OF THE SYSTEM WHICH IS DESIGNED IN EACH STATE TO RESPOND TO THE OFFICIAL REPORTS. WE ARE CURRENTLY ENGAGED AGAIN IN A NATIONWIDE SURVEY OF CHILD PROTECTIVE SERVICES THROUGHOUT THE NATION.

MY COMMENTS TODAY WILL FOCUS PRIMARILY ON OUR NATIONAL ANALYSIS OF OFFICIAL CHILD NEGLECT AND ABUSE REPORTING. WE BECAME INVOLVED IN THIS PROJECT WHEN IT WAS NOTED THAT THE ABSENCE OF A CENTRAL RESOURCE OF NATIONAL DATA ON CHILD NEGLECT AND ABUSE OFTEN PREVENTED OR BLOCKED EFFORTS TOWARD CONSTRUCTIVE PLANNING. WE BECAME AWARE THAT ON MANY OCCASIONS UNREALISTIC AND POORLY PLANNED INITIATIVES WERE UNDERTAKEN IN REACTION TO THE DISCOVERY AND SENSATIONALIZED JOURNALISTIC TREATMENT OF A SINGLE CASE OF CHILD ABUSE.

THE OBJECT OF THIS PROJECT, THEREFORE, WAS TO DEVELOP A NATIONAL CLEARINGHOUSE FOR SYSTEMATICALLY GATHERING DATA ON THE NATURE, REPORTED INCIDENCE AND CHARACTERISTICS OF CHILD ABUSE AND NEGLECT; FOR COLLECTING INFORMATION ON SUCH RELATED AREAS AS SOURCES OF REPORTING, ACTION TAKEN BY RECEIVING AGENCIES AND OUTCOMES WITH RESPECT TO IMPACT ON CHILDREN AND TO DISSEMINATE PERIODIC REPORTS AND ANALYSIS RELATED TO TRENDS AND TO THE NATIONAL STATUS OF THE PROBLEM.

THIS STUDY IS NOT A NATIONAL REGISTRY BY NAMES OF INDIVIDUALS INVOLVED IN CHILD ABUSE AND NEGLECT NOR DOES IT MEASURE THE FULL INCIDENCE. IT DOES PROVIDE STATISTICAL INFORMATION ON OFFICIALLY REPORTED CASES AND CONTAINS THE BEST AVAILABLE DATA ON NATIONAL EXPERIENCE. IT IS THE ONLY DOCUMENTATION ON NATIONAL INCIDENTS OF REPORTED CASES OF CHILD ABUSE AND NEGLECT.

THE DATA I PLAN TO SHARE WITH YOU TODAY IS THAT RECEIVED FROM 50 STATES, THE DISTRICT OF COLUMBIA, AND THREE U.S. TERRITORIES.

FOR THE YEAR 1976, 28 STATES AND THREE TERRITORIES (GUAM, PUERTO RICO AND THE VIRGIN ISLANDS) PARTICIPATED IN THE NATIONAL STUDY THROUGH USE OF A STANDARD REPORTING FORM. THE OTHER 22 STATES AND THE DISTRICT OF COLUMBIA SUBMITTED AGGREGATE DATA WITH CONSIDERABLE VARIETY IN FORMAT AND DETAIL.

IN ALL, 357,533 OFFICIAL REPORTS OF CHILD NEGLECT AND ABUSE WERE RECEIVED IN 1976 FROM THE 50 STATES, THE DISTRICT OF COLUMBIA AND THE TERRITORIES. FOR THE YEAR 1975, OUR PROJECT RECEIVED 294,796 OFFICIAL REPORTS FROM THROUGHOUT THE NATION. WHILE THERE IS A STEADY INCREASE IN THE NUMBERS RESULTING FROM MORE COMPLETE PARTICIPATION AND GREATER PUBLIC AWARENESS, THE RATIOS AND PERCENTAGES REGARDING THE DATA ARE ALREADY STABILIZING.

OUR BEST AND MOST USEFUL DATA COMES FROM THE 28 STATES WHICH USED A STANDARD NATIONAL FORMAT FOR OFFICIAL REPORTS. FROM THAT GROUP WE WERE ABLE TO MAKE A DETAILED ANALYSIS OF 99,579 REPORTS.

PERHAPS THE INFORMATION OF MOST INTEREST TO THE COMMITTEE IS THAT WHICH DESCRIBES WHAT ACTUALLY HAPPENED TO NEGLECTED AND ABUSED CHILDREN AS REPORTED NATIONWIDE. THIS INFORMATION IS SUMMARIZED ON PAGE 10 OF THE EXECUTIVE SUMMARY.

TYPES OF NEGLECT AND ABUSE

FIGURE 9 SHOWS THE TYPE OF NEGLECT AND ABUSE ON 93,249 VALIDATED REPORTS. THE MOST COMMON TYPES ARE THE NEGLECT CATEGORIES. OF ALL REPORTS, THE ITEMS ON THE BOTTOM OF THIS CHART CONSTITUTE WHAT IS OFTEN REFERRED TO AS THE "BATTERED CHILD SYNDROME" -- THE SEVERELY PHYSICALLY ABUSED CHILD -- BONE FRACTURES, BRAIN DAMAGE, SKULL FRACTURE, SUBDURAL

HEMOTOMA, BURNS AND SCALDS. ALL OF THESE CATEGORIES COMBINED ACCOUNT FOR 3.9% OF THE TOTAL REPORTED CASES. THE CATEGORY WITH THE HIGHEST FREQUENCY, LACK OF SUPERVISION (34.6%) IS ESSENTIALLY A FORM OF NEGLECT. THE CUTS AND BRUISES AND WELTS CATEGORY INDICATING MINOR PHYSICAL ABUSE OF VARIOUS TYPES IS REPORTED AT 19.3%.

SEXUAL ABUSE CONSTITUTED 12.1% OF ALL VALIDATED ABUSE CASES REPORTED AND 3.2% OF ALL VALIDATED REPORTS.

SEVERITY OF NEGLECT AND ABUSE

ON PAGE 9 OF THE EXECUTIVE SUMMARY IS A PRESENTATION ON SEVERITY OF NEGLECT AND ABUSE FOR ALL INVOLVED CHILDREN. SEVENTY-TWO PERCENT OF ALL VICTIMS WERE REPORTED TO HAVE RECEIVED NO MEDICAL TREATMENT FOR THEIR INJURIES. THE FATALITY RATE WAS REPORTED TO BE ONE-HALF OF ONE PERCENT. THE ACTUAL NUMBER OF FATALITIES NATIONWIDE CANNOT BE STATED IN VIEW OF THE FACT THAT SEVERITY WAS UNKNOWN OR UNREPORTED FOR MANY CASES.

SEVERITY OF NEGLECT AND ABUSE IS REPORTED EXCLUSIVELY IN MEDICAL TERMS -- FROM NO TREATMENT GIVEN TO MODERATE INJURY, SERIOUS INJURY/HOSPITALIZATION, PERSONAL DISABILITY AND FATALITY.

IT IS IMPORTANT TO NOTE THAT EVEN THOUGH SEVERITY IS RECORDED ONLY IN MEDICAL TERMS, THE NEGLECT CASES ARE ALMOST AS SEVERE AS CASES OF ABUSE. TWENTY PERCENT OF NEGLECT CASES AND 24% OF ABUSE CASES INVOLVED MODERATE INJURY; 10% OF ABUSE AND 4% OF NEGLECT CASES INVOLVED PERMENENT DISABILITY; AND FATALITIES INVOLVED FEWER THAN 1% OF EITHER ABUSE OR NEGLECT CASES.

THE SEVERITY OF THE IMPACT IS LARGELY A FUNCTION OF THE VICTIM'S AGE. THE MORE SEVERE OUTCOMES OF ABUSE AND NEGLECT ARE MUCH MORE LIKELY TO OCCUR IN VERY YOUNG CHILDREN. NEARLY 60% OF ALL FATALITIES OCCUR IN

THE GROUP UNDER TWO YEARS OF AGE. SEVENTY-FOUR PERCENT OF ALL VICTIMS WITH BRAIN DAMAGE OR SKULL FRACTURES ARE INFANTS (UNDER TWO YEARS.) THE MAJORITY OF ALL VICTIMS WITH SUBDURAL HEMORRAGES, BONE FRACTURES, INTERNAL INJURIES, FAILURE TO THRIVE, POISONING, AND DRUG ADDICTION ARE UNDER THREE YEARS OLD. A NEAR MAJORITY (OVER 40%) WITH MALNUTRITION AND BURNS OR SCALDS ARE ALSO IN THIS VERY YOUNG AGE GROUP.

WHILE CHILDREN OF ALL AGES ARE NEGLECTED AND ABUSED, THE CONSEQUENCES ARE MORE ACUTE FOR THE VERY YOUNG. SINCE THE MEASURE OF SEVERITY REFLECTS PRIMARILY THE MEDICAL ASPECTS OF INJURY, THE DATA DOES NOT ADDRESS THE SEVERITY OF EMOTIONAL OR PSYCHOLOGICAL DAMAGE.

AGE AND SEX OF CHILDREN

THE AGE OF INVOLVED CHILDREN IN CASES OF CHILD NEGLECT AND ABUSE HAS LONG BEEN OF INTEREST TO THE FIELD OF CHILD PROTECTIVE SERVICES. IN RECENT YEARS, INCREASED ATTENTION HAS BEEN PAID TO THE OLDER CHILD. IT IS CLEAR THAT NEGLECT AND ABUSE IS A PROBLEM WHICH AFFECTS CHILDREN OF ALL AGES. THIS DATA CLEARLY REFUTES A COMMONLY ACCEPTED NOTION THAT NEGLECT AND ABUSE ARE LIMITED TO VERY YOUNG CHILDREN.

ON ALL VALID CASES OF NEGLECT AND ABUSE, THERE IS AN EVEN DISTRIBUTION OF MALE AND FEMALE VICTIMS (50%). FEMALE CHILDREN WERE INVOLVED IN 54% OF ALL VALID ABUSE CASES, AND MALE CHILDREN WERE INVOLVED IN 51% OF ALL VALID NEGLECT CASES.

THE NUMBERS OF MALES EXCEEDS THE NUMBER OF FEMALES IN EACH GROUP FROM INFANCY THROUGH 11 YEARS OLD. IN CONTRAST, MALES ARE OUTNUMBERED BY FEMALES IN THE TWO OLDER AGE GROUPS. THIS REVERSAL IN TREND IS ESPECIALLY DRAMATIC FOR THE 15 TO 17 YEAR OLD AGE GROUP IN WHICH THE RATIO OF GIRLS TO BOYS BECOMES 3:2.

ALLEGED PERPETRATORS

FIFTY-SIX PERCENT OF ALLEGED PERPETRATORS ON VALIDATED REPORTS OF NEGLECT AND ABUSE WERE OVER 30 YEARS OLD. ONLY 6.4% WERE UNDER 20 YEARS OF AGE AT THE TIME OF THE INCIDENT.

THE YOUNGER PERPETRATORS WERE MORE LIKELY TO BE FEMALE THAN THE OLDER ONES. MORE THAN TWICE AS MANY PERPETRATORS UNDER 30 WERE FEMALE THAN MALE. PERPETRATORS OVER 30 WERE ALMOST AS LIKELY TO BE MALE AS FEMALE. IN ALL VALIDATED CASES OF NEGLECT AND ABUSE, THE PERPETRATORS WERE FEMALE 61% OF THE TIME. THIS PREPONDERANCE IS DUE MAINLY TO A GREATER NUMBER OF NEGLECT CASES. IN VALIDATED CASES OF ABUSE ONLY, HOWEVER, FEMALES WERE THE ALLEGED PERPETRATORS IN ONLY 45% OF THE CASES.

THE PERPETRATOR IN THE OVERWHELMING MAJORITY OF THE CASES (86.9%) IS THE NATURAL PARENT. THIS IS CONSISTENT WITH OTHER DATA IN THE FIELD. THE NEXT HIGHEST PERCENTAGE (7.1%) OF ALLEGED PERPETRATORS WERE STEP-PARENTS.

FACTORS PRESENT IN THE FAMILIES

A GREAT DEAL OF RESEARCH HAS GONE INTO THE CHARACTERISTICS OF FAMILIES INVOLVED IN NEGLECT AND ABUSE. THE DATA REFLECTS THE REPORTS OF SOCIAL WORKERS ON FACTORS PRESENT.

THERE WERE SUBSTANTIATED CASES OF CHILD NEGLECT AND ABUSE IN ALL INCOME LEVELS. MOST CASES REPORTED, HOWEVER, INVOLVE LOWER INCOME FAMILIES. THE MEDIAN INCOME OF ALL CASES WAS $5,050 PER YEAR. MEDIAN INCOME IS SUBSTANTIALLY HIGHER IN ABUSE CASES (6,890 PER YEAR) THAN IN NEGLECT ($4,250 PER YEAR). THE MEDIAN FAMILY INCOME FOR ALL UNITED STATES FAMILIES IN 1976 WAS $13,900.

ALTHOUGH THERE ARE COMMONALITIES, THE FAMILY FACTORS INVOLVED IN CHILD ABUSE ARE DIFFERENT THAN IN CHILD NEGLECT. IN NEGLECT, THE

RELATIVE IMPORTANCE OF ENVIRONMENTAL STRESS FACTORS (POVERTY AND POOR HOUSING) IS GREATER THAN THE PERSONAL CHARACTERISTICS OR INABILITY TO COPE FACTORS (LACK OF TOLERANCE AND LOSS OF CONTROL DURING DISCIPLINE) PRESENT IN ABUSE CASES.

MANY FACTORS CONTRIBUTE TO FAMILY AND PARENTAL FAILURE, AND IT IS IMPORTANT NOT TO OVERSIMPLIFY THE PROBLEM WITH ONLY PARTIAL INFORMATION OR SELECTED INFORMATION AS HAS OFTEN BEEN DONE IN THE PAST. AN EXAMPLE IS THE OFT QUOTED CONCLUSION ABOUT PARENTS WHO ABUSE CHILDREN HAVING BEEN ABUSE THEMSELVES. SUCH WAS REPORTED TO US IN ONLY 17.5% OF ALMOST 7,000 FAMILIES INVOLVING VALIDATED ABUSE. MORE ALARMING NUMBERS OCCUR WITH RESPECT TO MARRIAGE AND FAMILY STABILITY SUCH AS BROKEN FAMILY (41.9% IN ABUSE AND 32.3% IN NEGLECT). THE LARGEST SINGLE FACTOR PRESENT IN 18,227 FAMILIES WAS THE FACTOR OF BROKEN FAMILY (42.0%)

SERVICES PROVIDED

WHAT HAPPENS AFTER A CASE OF CHILD NEGLECT AND ABUSE IS DISCOVERED AND REPORTED? DATA DRAWN FROM 32,657 FAMILIES INVOLVED IN VALIDATED REPORTS INDICATES THAT 48.2% RECEIVED CASEWORK COUNSELING; FOSTER FAMILY CARE WAS GIVEN 9.4% OF THE FAMILIES, AND CRIMINAL ACTION WAS TAKEN AGAINST THE ALLEGED PERPETRATOR IN 4.1% OF THE CASES. IN 81.7% OF ALL VALIDATED REPORTS, THE CHILD REMAINED IN THE HOME WITH HIS PARENTS WHILE SERVICES WERE PROVIDED.

SUMMARY

FROM ALL SOURCES OF RESEARCH DATA COMES THE RECOGNITION THAT THE MORE WE KNOW ABOUT CHILD MALTREATMENT THE MORE CERTAIN WE BECOME OF THE IMMENSITY AND IMPORTANCE OF THIS PROBLEM RESULTING FROM THE WIDESPREAD FAILURE ON THE PART OF AMERICAN FAMILIES TO MEET THE NEEDS

OF YOUNG CHILDREN AND TO PROTECT THEM FROM HARM. OUR CONVICTION ABOUT THIS IS THAT WE MUST ADDRESS THE PROBLEM AS ONE OF PARENTING AND OF PERSONAL AND FAMILY DEVELOPMENT. CHILD NEGLECT AND ABUSE IS RARELY A WILLFUL AND DELIBERATE ACT ON THE PART OF PARENTS. IT IS MORE OFTEN A MATTER OF PARENTAL FAILURE, INADEQUACY AND INABILITY TO CARE FOR THEIR CHILDREN. THIS IS NOT TO SAY THAT THERE ARE NOT SOME CASES WHICH INVOLVE WILLFUL, INTENTIONAL AND DELIBERATE ATTACKS ON CHILDREN BY THEIR PARENTS. IT DOES MEAN THAT MOST PARENTS WANT TO BE GOOD PARENTS, HAVE CAPACITY FOR ADEQUATE PARENTING AND CAN BE HELPED TO BE BETTER PARENTS EVEN AFTER ABUSING AND NEGLECTING THEIR CHILDREN.

BECAUSE CHILDREN HAVE A RIGHT TO BE WITH THEIR OWN PARENTS, THE ULTIMATE OBJECTIVE OF CHILD PROTECTIVE SERVICES MUST BE TO PROTECT CHILDREN THROUGH STABILIZING AND STRENGTHENING FAMILIES WHENEVER POSSIBLE. EACH INSTANCE MUST BE ASSESSED TO DETERMINE THE POTENTIAL FOR CHANGE AND TO EVALUATE THE RISK TO THE CHILD.

FROM THOSE WHO FAIL, FROM THE CHILD VICTIMS AND FROM THOSE WHO ACT TO PROTECT CHILDREN, COMES THE APPEAL -- AMERICAN FAMILIES REQUIRE MORE CAREFUL PREPARATION AND PLANNING AND SKILLED HELP IN TIMES OF TROUBLE AND STRESS. PARENTING IS NO SIMPLE TASK. FOR MOST PEOPLE HAVING CHILDREN WILL BE THE MOST CHALLENGING AND CREATIVE EXPERIENCE OF THEIR LIFE -- AN EXPERIENCE FOR WHICH THEY ARE LEAST PREPARED AND FOR WHOM THERE IS STILL FAR TOO LITTLE HELP WHEN THEY STUMBLE AND WHEN THEY FAIL.

STATEMENT OF LAWRENCE BROWN, DIRECTOR, CHILD PROTECTION, AMERICAN HUMANE ASSOCIATION, ENGLEWOOD, COLO.

Mr. BROWN. Thank you. The American Humane Association was founded in 1877 and is an association of child protection agencies throughout the Nation. Included among our agency affiliates are juvenile courts, State and county social service department, hospitals and law enforcement agencies. This association was founded at the time when child protective services was beginning to emerge as a problem in this Nation and laws and services began to be developed to protect children from family abuse.

Mr. PURSELL. What is your budget and personnel?

Mr. BROWN. We have 10 personnel in the child protection division, and a budget of about 300,000.

Mr. GALLAGHER. Ten in your division and how many in the animal division?

Mr. BROWN. The field staffs are approximately the same. We have administrative support staff to serve both programs including membership, administration, publications and research.

Mr. PURSELL. You may be a little larger in the animal category than in the human category?

Mr. BROWN. Those of us in the field know this quite well, but the first reported case of child abuse in this country was handled in New York City in 1874 through the animal protection laws in effect at that time. There were no laws to protect children from abuse by their parents.

It was subsequent to that that a number of voluntary agencies emerged in the country and by 1930 there were over 400 SPCC's, that is Societies for the Prevention of Cruelty to Children in the United States.

During the depression and subsequent to that, with the increased Government intervention into social services, the voluntary agencies have diminished to the point where they number less than 10.

The major role and responsibility is a Government one and services are provided now through State and county social services departments in every State. There are child abuse reporting laws and agencies in every State in the Nation to receive and respond to reports of child abuse and neglect.

Mr. GALLAGHER. A man's best friend is still his dog, rather than his son.

Mr. BROWN. There seem to be some commonalities. I think when we talk about the family violence we are aware that violence toward animals is also seen in families where there is violence toward children and vice versa.

Although the agencies which intervene at the local level are separate agencies and rarely provide both services.

The American Humane Association is guided by a national board of directors, an advisory committee of experts in child protective services and we utilize a training and consultant staff of professionals from the fields of social work, law, and medicine.

These are personnel who are not employees of our association but who have been trained and coordinated by our association to provide services throughout the country.

I want to discuss primarily today my agency's involvement in a national study of official reports of child abuse and neglect. We discovered several years ago that there was a dirth of information regarding how many and what kinds of services are being provided to children who are abused and neglected and we also saw that unrealistic and poorly planned initiatives were undertaken in reaction to the discovery and sensationalized journalistic treatment of a single incident of child abuse. There was a lack of information upon which states could place their resources and plan their services. So that a nationwide survey was initiated by our agency with a grant from the Federal Government to bring together information that is being reported on child abuse and neglect from all the States. We received reports from all 50 States, but our best information comes from 28 States which submit information to us on a standard national reporting form. This study is not a registry of names of individuals involved in child abuse and neglect, nor does it measure the total incidence. It does provide statistical information on officially reported cases and contains the best available data on the national experience.

It is the only documentation of national incidence of reported cases of child abuse and neglect, and it is now beginning to be actively utilized by State and Government agencies in program planning and development. We have information in the study which is available for the committee both in terms of the total study as well as the executive summary which we prepared. Both of these reports were issued just 2 weeks ago, and have not been widely discussed as yet.

The objective of our project was to do a number of things: To become a clearinghouse for gathering information, which is already being gathered at the State level on the nature, the reported incidences and the characteristics of child abuse and neglect. We are interested in what action is being taken about these incidents and where the reports are made and what the agencies do with it, as well as some information on the impact with respect to the children involved.

For the year 1976, the total number of reports received by our agency from all of the 50 States and the 3 U.S. territories was 357,533 official reports of child abuse and neglect.

Let me add here that for the year 1975 we received 294,796 official reports from throughout the Nation. And our 1977 data is still not complete. We expect to be reporting that by May 1.

While there is a steady increase in the numbers of reports coming from the States resulting probably from more complete participation in this study as well as greater public awareness, the ratios and the percentages regarding what is happening are beginning to stabilize and we can see definite trends and patterns.

I would like to speak specifically for a moment about the most useful data which we have in the study, which comes from the 28 States using the standard national form. From that group we were able to make a detailed analysis of 99,579 reports—almost 100,000 validated reports of child abuse and neglect.

With respect to the type of neglect and abuse on these validated reports, the most common types are the neglect categories.

Of all reports the items shown on the bottom of our chart, on page 9 of the executive summary, constitute what is often referred to as the battered child syndrome, the severely physically abused child—bone fractures, brain damage, skull fractures, subdural hemotomas, burns, and scalds. All of these categories of the severely battered child account for 2,370 cases or 3.9 percent of the total validated cases. The category with the highest frequency of reporting is lack of supervision, which involved 21,000 cases, or 34.6 percent, and is essentially a form of neglect. The minor physical abuse category—cuts, bruises and welts—accounted for 19.3 percent of all reports, which totals 11,869.

Sexual abuse constituted 12.1 percent of all validated abuse cases reported and 3.2 percent of all validated reports of abuse and neglect. When we add to the sexual abuse, information we receive from the States which do not provide information on the standard reporting form, we have a total of 7,400 officially reported cases of sexual abuse throughout the Nation.

On page 9 of the executive summary is a presentation on severity of neglect and abuse for all involved children. 72 percent of all victims were reported to have received no medical treatment for their injuries. The fatality rate was reported to be one-half of 1 percent, a total of 260 reported from all of the States in 1976. The actual number of fatalities nationwide cannot be stated in view of the fact that severity was unknown or unreported for many cases.

Severity of neglect and abuse is reported exclusively in this study in medical terms—from no treatment given to moderate injury, serious injury, hospitalization, personal disability, and fatality.

It is important to note that even though severity is recorded only in medical terms, the neglect cases are almost as severe as cases of abuse. 20 percent of neglect cases and 24 percent of abuse cases involved moderate injury. 10 percent of abuse and 4 percent of neglect cases involved permanent disability and fatalities involved fewer than 1 percent of both abuse and neglect cases.

It is interesting to note that the severity of the impact is largely a function of the victim's age. The more severe outcomes of abuse and neglect are much more likely to occur in very young children. Nearly 60 percent of all fatalities occur in the age group under 2 years. 74 percent of all victims with brain damage or skull fractures are infants under 2 years of age. The majority of all victims with subdural hemorrhages, bone fractures, internal injuries, failure to thrive, poisoning, and drug addiction are under 3 years old. A near majority—over 40 percent—with malnutrition and burns or scalds are also in this very young age group.

While children of all ages are neglected and abused, the consequences are more acute for the very young. Since the measure of severity reflects primarily the medical aspects of injury, the data does not address the severity of emotional or psychological damage.

It has already been mentioned that the age of children involved in cases of neglect and abuse has long been the interest in the field of child protective services.

In recent years, increased attention has been paid to the older child.

It is clear that neglect and abuse is a problem which affects children of all ages. This data clearly refutes a commonly accepted notion that neglect and abuse are limited to very young children.

On all valid cases of neglect and abuse, there is an even distribution of male and female victims—50 percent. Female children were involved in 54 percent of all valid abuse cases, and male children were involved in 51 percent of all valid neglect cases.

The numbers of males exceeds the number of females in each group from infancy through 11 years old. In contrast, males are outnumbered by females in the two older age groups. This reversal in trend is especially dramatic for the 15-to-17 year old age group in which the ratio of girls to boys becomes 3 to 2.

Fifty-six percent of alleged perpetrators on validated reports of neglect and abuse were over 30 years old. Only 6.4 percent were under 20 years of age at the time of the incident.

The younger perpetrators were more likely to be female than the older ones. More than twice as many perpetrators under 30 were female than male. Perpetrators over 30 were almost as likely to be male as female. In all validated cases of neglect and abuse, the perpetrators were female 61 percent of the time. This preponderance is due mainly to a greater number of neglect cases. In validated cases of abuse only, however, females were the alleged perpetrators in only 45 percent of the cases.

The perpetrator in the overwhelming majority of the cases—86.9 percent—is the natural parent. This is consistent with other data in the field. The next highest percentage—7.1 percent—of alleged perpetrators were stepparents.

I think a very important issue for dealing with future research involves what we know now about the factors present in families who have been involved in abuse and neglect.

There were substantiated cases of child neglect and abuse in all income levels. Most cases reported, however, involve lower income families. The median income of all cases was $5,050 per year. Median income is substantially higher in abuse cases—$6,890 per year—than in neglect—$4,250 per year. The median family income for all U.S. families in 1976 was $13,900.

Although there are commonalities, the family factors involved in child abuse are different than in child neglect. In neglect, the relative importance of environmental stress factors—poverty and poor housing—is greater than the personal characteristics or inability to cope factors—lack of tolerance and loss of control during discipline—present in abuse cases.

Many factors contribute to family and parental failure, and it is important not to oversimplify the problem with only partial information or selected information as has often been done in the past. An example is the often quoted conclusion about parents who abuse children having been abused themselves. Such was reported to us in only 17.5 percent of about 7,000 families involving valided abuse. More alarming numbers occur with respect to marriage and family stability such as broken family—41.9 percent in abuse and 32.3 percent in neglect. The largest single factor present in 18,227 families was the factor of broken family—42.0 percent.

What happens after a case of child neglect and abuse is discovered and reported? Data drawn from 32,657 families involved in validated reports indicates that 48.2 percent received casework counseling; foster family care was given 9.4 percent of the families, and criminal action was taken against the alleged perpetrator in 4.1 percent of the cases. In 81.7 percent of all validated reports, the child remained in the home with its parents while services were provided.

Now, I would like to comment on a couple of policy issues.

From all sources of research data comes the recognition that the more we know about child maltreatment the more certain we become of the immensity and importance of this problem resulting from the widespread failure on the part of American families to meet the needs of young children and to protect them from harm. Our conviction about that is that we must address the problem as one of parenting and of personal and family development. Child neglect and abuse is rarely a willful and deliberate act on the part of parents. It is more often a matter of parental failure, inadequacy and inability to care for their children. This is not to say that there are not some cases which involve willful, intentional and deliberate attacks on children by their parents. It does mean that most parents want to be good parents, have capacity for adequate parenting and can be helped to be better parents even after abusing and neglecting their children.

Because children have a right to be with their own parents, the ultimate objective of child protective services must be to protect children through stabilizing and strengthening families whenever possible. Each instance must be assessed to determine the potential for change and to evaluate the risk to the child.

At the service level there must be expanded services and coordination of services which serve children.

There needs to be greater application of the methods and approaches which have been demonstrated to work, such as crisis nurseries, day care, group treatment, lay therapy, et cetera.

Federal funding certainly needs to be increased. It also needs to focus on the need for implementation, as well as the need for further research.

From all of those that we talked to, the child victims and from those of us who work with them comes a recognition that American families require more careful preparation and planning, and more skilled help in times of trouble and stress.

Being a parent is no simple task. For most people having children will be the most challenging and creative experience of their lives, an experience for which they are least prepared and for which there is far too little help when they don't make it.

Mr. PURSELL. Thank you very much. You brought up a lot of questions. Let us take a couple here and then we will move on. Which seven States are reporting abuse only by State statute now? Do you have a record of that?

Mr BROWN. Yes. Wisconsin, Indiana, Iowa, Oregon, Minnesota, Maryland, and Pennsylvania. These seven States do not report neglect, but all States report abuse.

Mr. PURSELL. I guess the committee does have a record of that. In some of the statistics you have presented from your reporting system, can you comment from an oversight standpoint on what our problems are nationally in reporting and nonreporting?

Some of the testimony on that has been indicative of a lack of knowing those specific cases in the country. How do you see that, where we are today?

Mr. Brown. I think there still are some dilemmas regarding the reporting system itself. We know and have information in the documents we have presented to you where the reports are coming from.

By and large, most of the reports go to social service agencies set up by the States, State departments of social services.

Mr. Pursell. Are those reported by the social service worker particularly on a case?

Mr. Brown. No. They usually originate through a hot line on a central State system or a local intake unit which evaluates the report and determines then whether the case should be referred to a social worker for investigation.

In some States the reports go also to law enforcement agencies who cooperate with the State department of social services in handling the matter.

The problems with reporting, I think, still stem largely from misinformation about what happens to a report. And I think there is some conflict around the philosophy of what should be done about child abuse and neglect. Many people still regard reporting child abuse as a matter which is going to end up in court, and involve removal of the child from his parents. The fact of the matter is in most instances that is not required. Relatively small numbers of cases go to court. And in a relatively small number of instances is the child removed from his own family. That is small in terms of the national perspective.

From our perspective at the social services level, reporting is a matter of getting help to a family in trouble, rather than implementing a legal system which will always result in removal of the child or court intervention.

Mr. Pursell. I'm not a law enforcement officer and I'm not trying to be, but I spend a few hours with law enforcement people from time to time. They are very reluctant to get into family violence or any family situations when they get called. So they tend to ignore those, or give it low priority. What I'm trying to find out is what would you suggest would be the best reporting system that could be developed at the community, State or national level. Would it be the social service system agencies or what is the vehicle to give us the best opportunity for the future?

Mr. Brown. For child abuse and neglect, that would be my recommendation. The social service agency should be the receiver of the reports because the effort to respond to child abuse and child neglect is a rehabilitative one. The way to rescue a child is to rescue his family if at all possible.

Social service agencies have agreements with law enforcement agencies and there are many communities which have interagency cooperative arrangements which allow the appropriate use of law enforcement. I don't think we should make social workers of law enforcement officers, nor should we do the reverse. There must be a cooperation.

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Mr. Pursell. So the delivery system, which is the real issue, also should be the same as the reporting system in terms of mechanisms; is that what you are suggesting?

Dr. Newberger. Yes, that is my recommendation.

Dr. Gelles. I would like to add one thing. One thing you have to understand is that we have an incredible variety of existing reporting systems in the United States. We have done research in the State of Rhode Island which found that only one of three children who is suspected of being physically abused actually gets reported to the State agencies. Rhode Island does not report to American Humane, and the State agency in Rhode Island which receives all official reports is not open on a 24-hour per day, 7-day-a-week basis. So that if a child were abused during the snow storm in Rhode Island last week, that child was out of luck. The phone would ring and ring and no one would answer. A report could not be filed and the child could not get services.

In other States in the country, the reporting system is quite adequate, in fact over-adequate. In the State of Florida, the reporting system is so good that they cannot possibly address the needs of all the cases that get reported. Because of the State-to-State variability of reporting laws and systems, Federal and State governments will need to provide adequate receiving systems for child abuse reports.

Mr. Pursell. Most of the cases of child abuse probably happen when the parents are home or in the family after working hours, and then there is no mechanism for reporting.

Dr. Gelles. In Rhode Island most cases of child abuse happen exactly at the time and day of the week that protective services does not answer the phone.

Mr. Pursell. So if you have regular 8 to 5 p.m. business hours, you cannot service the community?

Mr. Shacknai. Mr. Brown, Dr. Gelles, or any of you who wish to answer this: What is the mechanism by which most cases are reported? Is it when the hospital picks up the kid coming in with black eyes and a beat-up face or is it when a neighbor observing some violence in the home reports it to the authorities?

Mr. Brown. The number one source of reports on our nationwide study is the nonmandated reporter, friends, neighbors and relatives.

Dr. Gelles. I can add, from the research we have done in the past 4 years in Rhode Island, we find that minority status people, low-income blacks and Spanish-speaking families are the most likely to get reported.

The net, or the filter system, that is used to report cases works differentially for different people. A white child brought to a private physician is five times less likely to be reported for being abused for the same injury than a black child brought to the emergency room.

Mr. Brown. Our data would substantiate that in terms of the numbers of reports received from private physicians being relatively low—1.6 percent.

The largest category of source of reports are the friend and neighbor, which is 17.4 percent.

Mr. Pursell. What page are you on?

Mr. **Brown**. I am on page 12 of the full report, sir.

Relatives are the second largest source of report at 15 percent. Law enforcement 11.8 percent. Education and then medical sources being about sixth on the frequency of reporters.

Mr. **Shacknai**. What does this offer us in terms of an intervention strategy?

Mr. **Brown**. A number of things. We are also finding that 53 percent of the reports are not valid so that we need to direct educational efforts to the general public, in terms of what should or should not be reported. We need to have special emphasis to increase the effectiveness and the completeness of reporting from medical sources.

The medical facilities, the hospitals and clinics, are reporting quite accurately and of course they are only involved in the severe physically abused child—those situations which require medical treatment. They would not be likely to be involved in the less severely abused or the neglect cases.

Mr. **Pursell**. Would you think it was possible—I am a former instructor in the educational system, and it would seem to me that a relatively sharp teacher could recognize abuse awfully quickly the next day or whatever. Is that type reporting mechanism possible or are there some real problems with that?

Mr. **Brown**. There is a great deal of activity going on in the educational systems. Most public school systems now are implementing procedures for official reporting. The accuracy of school reports according our information is greater than the accuracy of many other reporting categories and we think this reflects the recent concerted effort within the public schools to increase reporting and establish social policy.

Mr. **Pursell**. You mean to get attention professionally?

Dr. **Gelles**. One has to keep in mind two things: One all States do not mandate the school personnel report and, secondly, school systems have their own internal procedures which in many instances work against teachers' reporting. There are many instances in our research where we find that teachers, guidance counselors, and even principals were constrained from reporting a case by a superintendent who was afraid of pressure from the school board and the local community. So the practical reality is that no matter how you phrase the law, school systems work the way they want to work, and in many cases they tolerate abuse because they do not want to be hassled from the community.

Mr. **Pursell**. Afraid of lawsuits, et cetera?

Dr. **Gelles**. Even though laws specifically state that they are protected from civil or criminal liability, the school system systematically discourage reporting.

Mr. **Shacknai**. What can the Federal Government do to foster increased reporting. Obviously this is a very great problem. We have found this out in the past few days with respect to spouse battering. A great many cases are going on in the United States but relatively few of them have been brought to the attention of anyone who is in a position to do something in terms of prevention or treatment.

Is there anything that Congress or the Federal agencies can do to increase the number of cases being reported?

Dr. NEWBERGER. I think that here it might be well to pay heed to a recent discussion this week at the meetings of the American Bar Association in New Orleans. The juvenile justice standards project of the Bar Association, a 23 volume compendium of juvenile justice laws which have been proposed by a prestigious commission, was reviewed. Ultimately it was decided by the Bar Association to defer permanent consideration of these standards for another year because of several controversial aspects, not least of which was a strongly expressed volume dealing with child protection. The authors of the standard proposed that we really have to do is to protect children and families from the incompetent intrusion of State workers as a result of case reports of child abuse and child neglect.

I mention this because I think it is very important that we consider the fact that in no way is reporting alone a solution to the problems.

Scholars in the legal community and many professionals are very concerned lest the flood of case reports of child abuse and neglect, for example, may result for some families in more harm than good, because of the fact that we have not increased our capacity to deliver humane and effective services commensurate with the increase in case reports.

After all, it should be mentioned that the first model for a child abuse reporting statute was promulgated by HEW in the early 1960's. By 1966, every State had a law mandating the reporting of child abuse. Subsequently child neglect became mandated to be reported by most professionals. State departments of public welfare in the 15-year period between the promulgation of the model statute and the present day has seen a mushrooming of case reports from the 7 to 8,000 of 1967 and 1968 reported by Prof. David Gil of Brandeis University in his book, "Violence Against Children" to the 390,000 which are reported by the American Humane Association today.

The problem is that during this period—a period of retrenchment of anything with regard to social programs for families—there was not nearly an adequate increase in services. And as a result, right now there are many people who are concerned about anything which will increase reporting.

Mr. PURSELL. We can have all of the reporting and social delivery systems available, but as long as there is television with the kind of programs I see in my family room—I guess it has been my fault as a parent in educating my children but they love those violent programs somehow, including the Sunday morning comedies and so forth in which violence is always the major topic. Maybe we can get into that a little later.

We have had some congressional efforts toward that but there are some severe constitutional questions of which I am aware. There must be some language between what you are saying today and what is coming out of the television. I have not seen such testimony yet, but I will be surprised if we don't shortly see some correlation.

Let us continue with our testimony today. You are up next, Dr. Newberger.

[The complete prepared statement of Dr. Newberger follows:]

TREATMENT OF ABUSED CHILDREN:
SEARCH FOR A MORE ADEQUATE FOUNDATION FOR CLINICAL PRACTICE

Testimony presented before the Subcommittee on Domestic and International Scientific Planning, Analysis, and Cooperation, Committee on Science and Technology, U.S. House of Representatives

Washington D.C.

February 16, 1978

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There is reason to question the nature and quality of knowledge abo child abuse. Formal recognition of an age-old phenomenon, demonstrated t an enormous increase in the number of official case reports annually sinc the mid-1960s, has created a difficult dilemma for professionals concerned with children. Notwithstanding a century's experience in the American child welfare movement and more recent medically based contributions from Kempe and others, we have a service system that, despite humane rhetoric, is unable to promote the safety and well-being of many children. This is in large part due to a paucity of such essential family supports as counseling, medical, homemaker, child-care, and nursing services and to a heavy reliance on foster-home care. A tightfisted social policy toward families and children means, simply, that when a professional person files a child-abuse case report, the services that follow may be incapable of dealing with the needs of family and child.

Inadequate or incomplete service is only part of the problem. Our basis for practice is flimsy. We have a commonly accepted humane philosophy (if not in reality programs that can translate that philosophy into humane action): to protect parents and children from repeated physical consequences of family crises. But because we lack a solid theoretical and practical understanding of the origins of child abuse, our clinical work is at best intuitive and kind, at worst reflexive and mean. We read a literature in each of the professions characterized by homilies, bromides, and few scientific investigations of substance. And we look at child abuse as a phenomenom originating in the psychology of individuals, frequently ignoring the social and cultural realities that frustrate our treatment of particular families and impose formidable obstacles to the prevention of child abuse.

Because of the contradictions between philosophy and practice and our incomplete knowledge, we find ourselves wondering whether the following are unanswerable questions when cases of child abuse are identified. Is the child at risk? Can the family be helped? Are competent intervention resources available? Will I do more harm than good by reporting the case?

I do not mean to suggest that the clinician should throw up his hands in despair when the next case of child abuse is brought in. Within the framework of existing knowledge and resources, possible answers and helpful clinical guidelines can be drawn up, and these are the subject of a review, "Child Abuse: Principles and Implications of Current Pediatric Practice," which is attached as an appendix to my testimony.

"Child Abuse," "Child Neglect," and "Accidents"

Definitions of child abuse vary, from Henry Kempe's "battered child syndrom," which identifies injuries inflicted by care givers; through Vincent Fontana's "maltreatment syndrome," which includes child neglect; to the current D.H.E.W. model reporting statute, which embraces many physical and emotional symptoms attributable to parental failure; and to David Gil's concept of any force that compromises a child's capacity to acheive his physical and psychologic potential. Virtually all definitions identify the child as victim, and most identify parent or family as perpetrator.

Important value concepts are built into the vocabulary, and in the words themselves are postulated etiologic mechanisms that logically imply diagnostic and intervention procedures. The terms "battered child syndrome" and "maltreatment syndrome" have strong implications. They indicate that a child's injuries were caused by his care giver, either actively or passively.

To make such "diagnoses" requires an investigation to determine whether or not there is parental culpability. Inquisitions of parents to ferret out the facts have been characterized as clinically unhelpful, ethically absurd, and intellectually unsound. Faced with ambiguous data, conflicting accounts of how the child may have received his injuries, and a need to make a definitive diagnosis, the clinician may find himself playing a detective game for which he is professionally unprepared.

Stoked by the strong feelings that child-abuse cases promote in all of us, the diagnostic process may further alienate an isolated, frightened, and confused family and fulfill the preconception of parental failure: aggressive inquiry eliciting evasive response, angry affirmation of suspicion leading to confirmed diagnosis, and subsequent estrangement of family from clinician and seperation of child from family.

Different professional people respond in different ways to the personal and ethical conflicts imposed by contact with troubled families. Some physicians find it difficult to believe that parents could injure children. Many characterize all children's injuries as "accidents" (the term connotes an isolated, random event).

Although traumatic injury to children is the major cause of morbidity and mortality after the first year of life and is predictably associated with familial and child developmental crises, the nature and organization of child health practice do not usually permit exploring and acting on the causal antecedents of childhood "accidents." Physicians and nurses may not have the time to interview parents or to make detailed child development observations, and such backup diagnostic services as social work and psychiatry are most often situated in separate institutions and practice settings. No treatment other than of the presenting symptom is implied by the diagnosis of an "accident."

Further, because of the onerous significance of making a judgement that a particular family is "abusive" or "neglectful," it is often easier to ignore these"diagnoses." The finding that the great number of reported victims of child abuse are poor and disproportionately represent ethnic minority groups suggests that the more heavily value-laden diagnoses for childhood traumatic injuries (child abuse and neglect) are made more easily when the clinical setting is public and there is great social distance (social class or ethnic discrepancy) between clinican and family.

We clearly need a more scientific taxonomy of childhood "social illness," one that would organize clinical data in such a way as to stimulate helpful and effective practice. Until we have it, however, we shall have to labor with the existing words.

Study of Social Illness in Children

In June, 1972, with the support of a grant from the Office of Child Development, now the Administration for Children, Youth, and Families, my collegues and I organized at Children's Hospital in Boston a systematic study of the familial, child developmental, and environmental antecedents and concomitants of pediatric social illness. This epidemiologic study has explored the interrelationships among child abuse, accidents, failure to thrive, and poisonings, in children under four years of age. Results of the first phase of the project, in which 560 children were ascertained are summarized on second and third appendices, "Pediatric Social Illness: Toward an Etiologic Classification," and "Environmental Correlates of Pediatric Social Illness: Preventive Implications of an Advocacy Approach." A second phase of the study examined with a more detailed set of investigative instruments the life circumstances of an additional 402 children, focusing on parent-child attachment in a laboratory observational setting, as well as on the ecologic substrate of the children's presenting symptoms. These data are now being prepared for publication.

In brief, our findings demonstrate significant overlap in prior and current family stresses across the social illness categories, suggesting that the circumstances associated with child abuse are widespread and generally ignored in clinical practice. Families "at risk" for child abuse cannot be predicted with precision. Child abuse is more commonly associated with poverty than are the other social illnesses. Family isolation and mobility are the most important concomitants of child abuse. Stresses originating in the life context, such as poor housing and inadequate access to health and child care, distinguished cases of social illness from the comparison group. An advocacy program designed to address these stress issues, utilizing community based individuals who work aggressively to change -- to better -- the ecologic setting for child-rearing, was successful in enabling parents more adequately to cope with the needs and demands of their offspring.

The study supports the concept of child abuse as a symptom of family distress. Child abuse is not, in my view, a discrete and encapsulated medical syndrome. These data enable us to see child abuse less as the intersection of a sick perpetrator and a passive victim than as a human response to severe stress in the nurturing context. Treatment, and ultimately, prevention, of this sympton is best conceived in relation to the social ecology of family life.

STATEMENT OF DR. ELI NEWBERGER, DIRECTOR, FAMILY DEVELOPMENT STUDY, CHILDREN'S HOSPITAL, BOSTON, MASS.

Dr. Newberger. Thank you, Mr. Chairman. My prepared remarks speak for themselves. I would like to try to give some added human substance to Mr. Brown's and Dr. Gelles' remarks by briefly referring to a couple of clinical cases of child abuse which illustrate some of the dilemmas for clinical practitioners, and some of the gaps in our knowledge base about these problems.

The first case I would like to tell you briefly about is one of which I have a picture. Will you please turn to the first appendix to my testimony, and look at page 704, figure 7. The child pictured on page 704 is a 3-week-old infant who was presented to our hospital emergency room with a palm print on the side of his head. On the left temple you can see a fairly large area of discoloration. This child's father is a professional person at one of the Boston area hospitals.

It was from his mother's explanation that his father had inflicted the injury. The child was fortunately not gravely injured. Ultimately he left the hospital in good neurological condition. But this child could have suffered grave neurological damage as a result of this trauma.

The hospital staff was reluctant to call this a case of child abuse and to report it.

One reason the doctors were so concerned not to call this child abuse is that they were worried about stigmatizing the family of a colleague. They were also reluctant to make the family eligible for public child welfare services in Massachusetts, which are not always competent and excellent and because, as they said—and they were right—the family was ready, willing, and able to pay for private social work and psychiatric services. They said they'd be happy to participate but they would much rather not have this case reported as a case of child abuse.

I will hasten to say that this case was indeed reported after some discussion. But it demonstrates vividly why it is in Mr. Brown's executive summary on page 6 that one sees a disproportionate representation in case reports of child abuse and neglect of poor families. It has to do with the many factors which make practitioners for more affluent families reluctant to report child abuse and child neglect.

It is much easier for us in pediatric practice to call these injuries accidents, where the name implies an isolated random event. And I think it is of no small interest that accidents are the major source of childhood morbidity and mortality after 1 year of age. In the two other appendices to my testimony I offer research which suggests that there are important associations in the familial, child developmental, and environmental aspects of accidents. We may be calling some children, the children of poor families or socially marginal families, victims of child abuse and neglect. To the other, more affluent children we give a diagnostic name which does carry with it great stigma. Unfortunately the diagnosis of an accident is usually not associated with any positive action to assure protection for the children in their homes.

I think it is also well to point out that the data in the American Humane Association survey suggests an inextricable association between poverty and child abuse. It is unfortunate that we still have the illustration that poverty and child abuse are inextricably linked. I know that Mr. Brown and his colleagues are very concerned about this. Their data says that poor and socially marginal families are likely to be caught.

The problem is, as Dr. Gelles has pointed out, that what this creates for society at large is a kind of smokescreen. It obscures our attention to larger, perhaps more significant, problems because we are able to look at this just as a problem of poor people. Unfortunately, for many profesionals, when a child like the 3-week-old baby comes in, the response is: "Well, this could not be a case of child abuse because the family is too rich."

There are other aspects of the smokescreen which have to do with how, in our society, if we can pinpoint a group of parents over here and say, "These are the child abusers," we can justify our violent treatment of our children and our inattention to violence more generally.

The next case I would like briefly to tell you about is the sad situation of an infant whom I examined yesterday, 2-month-old baby who was admitted to our hospital with 15 skull fractures. This is a child from a snowbound rural area of Massachusetts, whose family was extremely isolated during the recent blizzard. They have no phone. There is a great deal of marital conflict. The child was brought to a local hosspital where the diagnosis of child abuse was missed because the right X-rays and laboratory studies were not taken. There was no previous contact of this child with any other provider. When the child arrived at our hospital 2 nights ago, there was really quite an angry response from several members of our professional staff who were concerned, as doctors are, to establish the diagnosis of child abuse, meaning for many physicians the battered child syndrome or a situation where an intentionally motivated caregiver sets out to assault a defenseless victim. There was a temptation on the part of our staff to badger this poor mother to get her to tell what happened when, with what instruments, by whom, et cetera.

This is a very big problem in professional practice because we don't have nearly an adequate classification for children's injuries. On the one hand, we have these heavily value-laden characteristics for how children get their injuries—"abuse" and "neglect"—which suggest to the clinicians that what they need to do is establish a diagnosis by a process of interrogation.

On the other hand, we have the benign and harmless set of classification labels like accidents, which enable us to downplay or ignore the problems of families.

One of the reasons for the angry response by the staff in their eagernes to establish the diagnosis quickly is the fact that these cases are very difficult for professionals to manage. They stir up painful feelings in all of us. Imagine yourself as a doctor or a nurse in the emergency room seeing a 2-month-old baby with a swollen and misshapen head, whose X-ray shows many fractures of the skull. You can easily see how one would be terribly saddened by the child and terribly enraged at the parent. Unless one knew that there was something one could do for that family, one would be tempted, as our physicians were, to say, "Well, this child should never return home. We have to immediately proceed to the juvenile court and ask for a finding of care and protection and take this child from its parents' custody once and for all."

Many physicians don't know that with an adequate program of diagnosis and treatment involving a social worker, a nurse a psychiatrist, and the other professions which enable one to understand what one can do for a family, very often it is possible to return even such a case as this directly home from the hospital.

The problem is that most doctors don't have the knowledge base to sort through in a rationale way the key issues involved in a case of this nature.

There are two areas where we have an urgent need to improve our knowledge base for clinical practice.

The first concerns the development of theory. Unfortunately in this field we still have an enormous predominance of individual-based theories about how it is that child abuse occurs.

Most physicians, if you were to ask them, would tell you that child abuse is a psychiatric problem, and the answer for it is some kind of psychiatric counseling. I would say that it is ironic, given what we have learned about child abuse today and given the data in Mr. Brown's report on the prevelance of problems and social isolations, alcohol dependence, insufficient housing, et cetera, that we still have essentially a counseling program for families when child abuse cases are reported.

Unfortunately it is a counseling program carried forth by people who are very often inexperienced and poorly trained, and people whose practice doesn't attend to any sound professional guidelines based on knowledge about family process.

We need to elaborate other theoretical explanations based on such data as, for example, the work of Dr. Gelles and his colleagues. This would give a more adequate, and sociological foundation for practice. There are other causal models, from cognitive developmental and ecologic theory for example, which have not been fully explored and which potentially could bear great fruit.

In that regard, the second great need, as I see it, is the development through the Federal R. & D. effort of a more rationale foundation for clinical programs and practices.

Here I think it is important to underline the fact that even in the best of hands, most cases are still managed by intuition and whim.

There is a crying need, I think, for the design of an R. & D. strategy which will lead to useful evaluation findings so we can, for example, see from randomized intervention trials what kinds of support and intervention for families culminate in what differences for families and children.

This has not to date been done, I regret to say.

We also need desperately to have comparable data bases on child abuse research projects with a systematic effort toward harmonizing the widely varying definitions used for child abuse and neglect in all federally funded research.

Mr. PURSELL. Thank you very much.

Are there any questions from the staff? If not, we will proceed to Dr. James Kent, associate clinical professor of pediatrics, University of Southern California School of Medicine, and Children's Hospital of Los Angeles.

[The complete prepared statement of Dr. Kent follows:]

TESTIMONY PREPARED FOR THE SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL SCIENTIFIC PLANNING, ANALYSIS AND COOPERATION

February 16, 1978

Dr. James Kent

It is the purpose of these remarks to list and outline some strategies for intervention in cases of child abuse and neglect. The list is not exhaustive. I'll emphasize those strategies which I'm most familiar with from my own work and from the work of colleagues. My reporting perspective is formed mainly from eight years of experience in working with abusive families at Childrens Hospital of Los Angeles, four of those years in directing a child abuse and neglect treatment and research project[1], and from my experience as a consultant to the Los Angeles County Juvenile Court in cases of child abuse and neglect: I have also had the opportunity to visit and observe the operation of many other child abuse and neglect treatment projects, both to learn and as a formal evaluator. I am currently engaged as the principle investigator of an impact study of twenty child abuse and neglect projects that were funded by the Mondale bill in 1974.

The bias in my experience is toward large urban area programs, primarily hospital-based. However, I think that the intervention and case management strategies I will describe can be generalized to other demographic and administrative conditions. One thing that is learned from visiting with many child abuse and neglect projects is that the kind of problems encountered by the treatment staffs are remarkably similar. The major difference lies in the treatment resources that are available.

A distinction first needs to be made between primary and secondary prevention. Primary prevention aims to prevent child abuse before it occurs. Secondary prevention aims to prevent reabuse once it occurs and has been identified.

Considering primary prevention first, a further distinction must be made between a systems approach and a symptoms approach. The systems approach focuses on social and health policies and programs. The assumption underlying this approach is that child abuse occurs, at least in part, because of such factors as poverty, inadequate health care and supervision for children, and social alienation. The poverty maze generates stresses on parents which lead to an accumulation of frustration and resentment that finally are vented on the children.

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[1] National Institute of Mental Health Grant #MH 24741-04

Programs to alleviate these stresses would include specific proposals such as a health care visitor system (Kempe, 1976) as well as more general proposals such as an increase in Title XX funds (especially for day care services), job training programs, parent education, and advocacy for children across a broad variety of problems.

A more sweeping approach is proposed by Gil (1970), who believes that cultural sanctions about the uses of aggression, in conjunction with a competitive social and economic system, provide a natural medium for dissocial behaviors such as child abuse. Competition for resources lays the groundwork for "sum-zero" interactions (i.e., whatever I win, someone else has to lose). Parents who are losing in the competition for resources in the larger society may more easily react with violence in the smaller society of the family when their needs are frustrated and their wishes unmet. (One of the natural results is child abuse).

A systems approach to the prevention of child abuse, then, would require that society and societal attitudes be reorganized in such a way as to equalize wealth and/or access to society's resources, change societal attitudes about violence, and make the needs of children a more important priority. Of these, the last seems the most proximate to the problem. It would also seem to offer the greater chance for success in the foreseeable future. The proposal for a health visitor system, for instance, could be implemented without a major reorganization of values and attitudes. No one, after all, would argue that harm could be done by a system that offered some assurances that new babies were at least receiving minimal care. Yet strongly entrenched attitudes about the prerogatives of parents, freedom from public intervention in family life, and a private enterprise health care system all combine to resist even modest proposals such as that. This raises serious questions about counting much on systems approaches to child abuse prevention.

Parent education is another kind of systems approach. It is less proximate to the problem than the health visitor proposal but also less controversial, and certainl more possible to initiate than programs that threaten to change the socio-economic basis of society. Parent education would aim to increase general parenting competence

Approaches to this and implications for child abuse are well-reviewed in a recent publication by the Education Commission of the States (1976). The possible impact of such programs on the incidence of child abuse is not clear. The likelihood is that the present or future parents who would be most responsive to such programs would also be the parents who were least likely to abuse anyway. In any event, programs to improve parenting can be justified on much broader grounds than just their possible value in primary prevention of child abuse.

The symptoms approach is aimed at making people aware of the prevalence and consequences of abuse and the need for becoming involved (i.e. reporting suspected incidents to some designated agency) and educating people about sources of help if they feel themselves to be at risk for abusing their children. The general objective is to produce a kind of consciousness raising about abuse, with the specific message being, "It's dangerous to you and your children--Don't do it."

The value of these programs in reducing the actual incidence of child abuse is not clear. Such programs are probably more effective in secondary rather than primary prevention. The dizzying increase in child abuse reporting rates in the last few years may well be attributable to the influence of these awareness programs. Such programs may also increase the number of self referrals for help. But again, the self referral generally occurs after an incident of abuse.

While a symptoms approach may have great value in matters of secondary prevention, it is difficult to see the role it might play in primary prevention. Even a program that emphasized the possible penalties to parents, or that made legal penalties more severe, would probably have little effect on primary prevention (although it might negatively influence the self referral rate). The assumption in such programs is that information or knowledge of consequences will influence overt behavior. Child abuse, however, is most often an irrational act, and information or threats *per se* tend to have little influence on the psychological factors that produce irrational acts.

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To summarize briefly, a systems approach to child abuse prevention would in the long run probably offer the best chance for easing system stresses known to be associated with abuse. The immediate difficulty is that the "long run" may be many years away for most such proposals, so there is still a need to improve society's capability for effective secondary prevention. The symptoms approach represents the beginning of secondary prevention. Increased awareness, both lay and professional, will increase the index of suspicion for abuse, and media programs that stress consequences to the child and community responsibility should increase readiness to act. Media programs that stress consequences to the child, when paired with resources for help, should increase self-referral rates.

In secondary prevention, the emphasis is on case finding, intervention to prevent reabuse, and treatment of common factors in abuse-prone environments that can adversely affect children whether physical abuse is present or not.

Case finding as a function of increased awareness has already been discussed. Anyone may report suspicions of abuse to protective service, police, or health agencies. Some groups of professionals that have contact with children are required to report. In either case, persons who report suspected incidents of the child abuse are not civilly liable if the suspicions are proven to be unfounded.

The major point here is that it is not necessary to know or be able to prove that a child's injuries were inflicted by someone in the child's environment before reporting one's suspicions. Investigation and, ultimately determination of the probable cause of injuries are the joint responsibility of physicians, police and juvenile courts.

It should also be noted that it is not necessary for the juvenile court to know exactly how a child's injuries occurred in order to afford the child the protection of the court. If the child's parents, or the persons responsible for supervision at the time of the injuries, cannot provide an adequate account of the injuries, that can be sufficient grounds in itself for the court to take jurisdiction. A child whose parents or caretakers fail to protect may be just as much at risk for serious injury--and thus deserving of the court's assistance--as a child who is intentionally abused.

The next factor in secondary prevention is effective intervention. The first point to be made is that it is as possible to have too much intervention as it is to have too little. Initially, and still to a large extent, intervention mechanisms rely heavily on removal of children from the home as a means of protecting them from future injury. While that kind of intervention usually does protect the child from inflicted injury, it also generates substantial risks of its own.

Foster placement may interfere with or attenuate positive bonding between the child and the parents. In the case of infants and toddlers, it can totally disrupt that bonding. Prolonged foster care will increase the probability of multiple foster homes, and that kind of experience can put a child seriously at risk for an impaired capacity to form good object relationships in adult life. It also increases the risk that the child will grow up to be a parent who endangers the health and welfare of his own children.

Two other consequences of foster care can affect treatment. As long as a child is "safely" stashed in a foster home, there is a tendency to let treatment programs for the parents drift, or to shift more responsibility for the treatment to the parents than they can actually bear at the time (e.g., "If the parents really want the child back they'll find the help I think they need"). The other consequence is that a missing child will tend to shift parents' attention in treatment away from self-examination and issues of better parenting to a process of mechanical compliance and highly selected self-reports designed to convince others that they are ready to have the child back.

A third treatment related consequence of out of home placement is that it offers little opportunity to evaluate the parents' responses to the demands of child rearing under stress. The result can be an academic discussion of the "right techniques" or an intellectual examination of the parents' internal barriers to general child rearing.

when the real problem is learning how to maintain a nurturing environment on a sustained basis when other needs are also pressing--a situation quite different from a weekly one hour visit in a foster home.

The implication of these risks and consequences is that out of home placement as an initial intervention element should be used primarily only when there is solid reason for believing that the parents will not be able to curb the abusive behavior even with the beginning of treatment and court supervision. Such reasons would include a history of severe drug or alcohol abuse, unremitting and severe environmental stresses, significant intellectual or emotional deficits, or a significant history of impulsive, antisocial behavior. Any of these conditions would suggest the likelihood of a seriously impaired capability for predicting or controlling one's own behavior, even under court supervision.

The argument here is that effective secondary intervention can *usually* be best accomplished with the child in the home. The protection of the Juvenile Court, however, is still initially important while the treatment program is being initiated. In the treatment program at the Family Development Project, Childrens Hospital of Los Angeles, court jurisdiction is regarded as critical in the first six to twelve months of treatment. Some lever needs to be preserved, as it is not possible to reliably assess parents' motivation for treatment at the outset of a case.

What safeguards, then, can be offered that the child will not be reabused before the treatment program begins to have significant positive effects on family functioning? One safeguard is more effective "triage" with abusive parents. The constellation of factors that produces abusive behavior is not the same from family to family. If differentiating among types of abusers and etiologies of abuse can be improved, then it will be possible to more closely calibrate interventions to fit the risks that are actually involved.

Work at the Family Development Project suggests that it is possible to differentiate among parents who abuse through well-intentioned but ill-considered methods of discipline parents who abuse because of severe psychiatric problems, and parents who abuse (and tolerate abuse from mates) out of frustration from environmental stresses that would overwhelm the resources of most people. Other differentiations are also possible. For present purposes, the important point is that different degrees of risk have different implications for treatment strategy attached to different etiologies.

This approach would be in contrast to the more prevalent current approach that tends to assume either that all child abusers have poorly controlled homicidal wishes toward their children or that they are driven, impulsive people who are incapable of modifying their abusive behaviors until they have had years of psychotherapy. Experience at the project has shown both of these assumptions to be false.

To change an abuse-prone environment to a consistently nurturing environment may indeed takes months or years, and in fact may even be an impractical goal. To simply stop the acute physical abuse, however, is usually a feasible goal that frequently can be accomplished rather quickly. For the rest, the major aim is to tip the ration of expressed punishment to expressed love more in favor of expressed love.

Another safeguard is liberal use of parent aides or some equivalent (Rigler, Kent, Groot, & Finnila,1977). These are persons who function as a bridge between the formal treatment program and the abusive parents. They can provide concrete assistance to abusive parents, such as any good neighbor could provide, as well as emotional support and reassurance that the abusive parents are still regarded as worthy people, even to other "lay parents" who know the whole story of their abuse. The value of that latter message cannot be overstated. This kind of emotional support network for the abusive parent(s) may provide the single most important safeguard against a recurrence of acute physical abuse. The parent aide also provides an early warning detector for incipient crises for the formal treatment personnel.

A third safeguard is to provide the family with a care program for their children that includes both regular and easily available pediatric care and a careful monitoring of the emotional and developmental status of the children. Such a program can provide surveillance of the children's overall health, but more importantly it can serve to reduce parents' anxiety about the growth and development of their children. That kind of anxiety is easily converted sometimes to premature demands for performance when the parents feel that the child's behavior is an absolute measure of their adequacy. That kind of mix is a rich medium for abusive parenting.

A fourth safeguard is to carry out the treatment program in a team context. The team should include anyone from any agency or group that is involved in any way and concerned enough to provide representation. This safeguard derives from two considerations. The first is that abuse-prone families tend to be resistant, multi-problem families that move slowly in therapy and require the counsel of many specialists. The worry and drain on a single therapist, coupled with what seems to be scant movement on the part of the family, can be overwhelming. The support and assistance of a team is vital to the mental health of all concerned.

The second consideration is that difficult and conflicting feelings can be aroused in the treatment of abusive families. These feelings can blind a primary therapist to signs that a family is going into crisis, or signs that a family is behaving in new and more healthy ways. To miss either can result in the continuance of non-productive therapy strategies. That is a risk in any therapy, but the consequences of irretrievable mistakes in abuse cases are potentially too grave to vest the sole responsibility for successful management in one person, however talented or experienced. The therapists as well as the families need someone looking over their shoulders, at least during the first few months.

The fifth and last safeguard to be considered is the parents' general welfare. The parents are the key to a successful intervention program. One must begin by assuming that they do love their children and do not want to injure them, then look for the barriers that interfere with their expression of that love. The barriers can be feelings of personal inadequacy that cause them to overreact to the children; marital conflict that leaves them feeling unsupported and angry; economic and other environmental stresses that get displaced to the children; or other personal needs that periodically and significantly preempt their ability to respond to the needs of their children and not begin treatment with the assumption that they expose their children to injury out of general indifference or hostility. That happens, but it is less common than the reverse.

It is recognized that the safeguards being proposed here may not always be available. Less attention should be given to the form and more to the purpose. Clearly, there are alternative forms to meet the same needs. To the extent that these needs cannot be met in the treatment program, interim foster care has to be considered as an intervention strategy. It is not ideal in most cases, but it ought to be available when other means to protect the children default.

One last point: Secondary prevention should also include consideration of the potential effects of abusive environments on children's emotional development, and, ultimately, their capacity to parent their own children. It seems an obvious point, but discussions, papers, and books on treatment tend to focus exclusively on strategies for preventing the act of physical abuse. The more difficult and urgent problem is undoing the effects of growing up in an environment that sporadically violates feelings of basic trust, tends to diminish a sense of self-worth, and models violence as an acceptable means of expression in human relationships.

Children from abuse-prone environments may need as much extra assistance as their parents. The problem of secondary prevention has not been solved with the cessation of acute physical abuse. That solution only enables society to turn its full attention to the emotional context of the abuse and its consequences for the child. If the social genetics of child abuse are to be altered, it is there that the most sustained efforts must be directed. It is there that progress can begin for primary prevention, not for this generation, but for the next.

Before concluding these remarks, I would like to remind you that the core of any program, the most important resource, is manpower. That is also the most obvious deficit in our management of child abuse and neglect cases. There simply isn't nearly enough people to do the work. Let me use my own county as an example.

At present (FORTHCOMING)

The point of these figures is that knowledge of effective intervention and treatment strategies is useless without the human resources to implement them. And, with few exceptions, the most common problem across the country is a lack of human resources. Nearly all of us are engaged in something that is like building models for which we have excellent blueprints, but important parts are missing, and there isn't enough glue anyway. The gap between what we know how to do and what we actively are able to do is usually large, dismal and frustrating. If there is any one point which I want to make in these remarks it is that: intervention and treatment strategies are just paper games without a commitment to support the people who must implement them.

I am aware that this is not a unique circumstance. There is a chronic shortfall between goals and resources in human services programs, to say nothing of the shortfall between goals and results. I'm only saying that we must adjust our goals, and expectations of results, to the resources that are actually available. We should not deceive ourselves into believing that increased reporting rates or central registries are a solution to the problem, or that monthly visits from an over-worked protective services worker constitutes "treatment", or that new laws are going to "cure" anybody. Without support for services we are going to have an intervention mechanism that functions beautifully but accomplishes little: an informed public and professional groups will increase reporting, better laws will improve the function of the courts, and central registries will document all of the activity. However, if the families who are getting their vital statistics recorded don't receive effective services, we are all engaged in a cosmetic exercise. The "bottom line" on intervention strategies is that all of them require people and human services. We haven't discovered an alternative technology.

STATEMENT OF DR. JAMES KENT, ASSOCIATE CLINICAL PROFESSOR OF PEDIATRICS (PSYCHOLOGY), UNIVERSITY OF SOUTHERN CALIFORNIA, SCHOOL OF MEDICINE AND CHILDREN'S HOSPITAL OF LOS ANGELES

Dr. KENT. It's a long handle. Thank you, Mr. Chairman. I am not going to read my written testimony.

The testimony deals with a discussion of forms of prevention and suggestions for prevention, primary and secondary. And there is also a plea for increased services. There are not enough people to do the work.

I would like to add one comment to the previous testimony. Something that Mr. Brown said suggested it.

Larry, you said that 48 percent of the cases received "casework counseling." Was that the only form of treatment or the primary form? It was the only form.

I would like to let you know what "casework counseling" consists of in my county, Los Angeles. There are approximately 600 workers in the county. They have many kinds of jobs. Those jobs include the supervision of about 8,000 children who are under court jurisdiction. A quarter of those children are under jurisdiction for reasons of inflicted injury—physical abuse. That percentage doesn't include neglect and sexual molestation and other forms of abuse. There are 8,000 under court jurisdiction and about 6,000 active protective services cases which have been referred because children were thought to be at risk for injury or maltreatment.

So there are a total of about 14,000 cases for the 600 workers. They have other things to do, too. They supervise involuntary placements, et cetera. The workers are not for the most part trained social workers. The requirements for the positions are a bachelor's degree from any university in any field. You get your training on the job. The frequency of contact, I would estimate, at about once a month for most of the families, in the form of a visit or a call. Some families which are probably in crisis or desperately in need of services obviously may get more attention than that.

The intent of this comment is not to make protective services workers the whipping boys. Most of the time they are at the end of a very long limb, and they work very hard. The problem is that they are overworked and often undertrained and have inadequate assistance from other groups of professionals. The intent of this comment is to point out that what's being called the "treatment," that is received by the majority of the families is not treatment at all. It is a form of loose surveillance. I think we are just papering over an absolutely critical situation with empty words when we call that "treatment." That's my comment and preamble.

Now, I want to make three general points in my verbal testimony and then talk for about 5 minutes on some research.

The three points are these:

The first is that child abuse and neglect is not a unitary phenomenon. It has multiple causes, multiple etiologies, if you like, and different degrees of risk attached to the different etiologies. Different etiologies call for different services and different intervention strategies. It is important to keep that in mind. We have in our work been able to distinguish four major groups of abusers which have different etiologies. That is written up on a paper that I can supply the staff later.

The second point—it has been mentioned already by all three of the panelists—but I have to say it again—child abuse generally does not occur as a simple psychiatric aberation. It has a social context which contributes significantly to its occurrence.

The third thing I want to say—and some here may want to take issue with this—despite the sometimes horrible physical damage inflicted on these children and the consequences of that, it is my belief that the most serious and lingering injury in most child abuse cases is the mental injury that occurs in children who grow up in homes where their primary caretakers, the people they depend on most for primary nuturing, are also people who are the greatest danger to their health and welfare. If we consider that we learn to value ourselves first as our parents value us, and we learn to experience or expect from others what we have expected and experienced from our parents, if you grow up feeling inadequate and learning that you are going to be criticized and hurt for your inadequacies, you grow up very wary and very defensive, agressive or withdrawn, crippled in some ways in your own potential to give or to love freely. It is my belief that in that kind of development is the basis of the social genetics of child abuse, the cause of the intergenerational cycle of child abuse that has been commented on and noted so often in literature and research.

Those are the three general things that I wanted to talk about.

Now, for a little bit about research. I was asked to comment on the relationships between kinds of services that are offered families and the impact on the families themselves. If I stuck to what we have learned about that from statistical resources, it would be a very short presentation. As Dr. Newberger pointed out, we have not done that research yet or anything like it. There is currently underway a study of 20 child abuse demonstration projects, 12 demos and 8 innovative projects. That study will start data collection a little later this month. We will complete its analysis sometime in the fall and have it written up by the end of the year.

I think we will probably learn something from that evaluation but I don't think we will learn as much as we would like to know about the relationship between services and impact.

The study got started late, through no fault of NCCAN. The study is taking place at a time when these projects are winding down. They will be defunded in June, and they are already adjusting their intake procedures in anticipation of that. So we will not get in many of the projects a very reliable sample of their normal practices. But there will be some data available at the end of the year.

The largest handicap to evaluating the impact of services in these cases is that there are such incredible differences across projects. There are differences in community characteristics, client populations, service providers, and the kinds of services that are available.

The usual strategy in coping with this kind of multivariate research where the interactions among the variables are complex and largely obscure is to collect data from a large number of people. This allows you to hold various combinations of variables "constant" in order to study the relationships among other variables during the analysis.

Unfortunately, there was no uniform plan for collecting data and documenting information across the twenty projects so we won't be able to aggregate very much of the data. This problem leads to a recommendation.

The model that I would like to suggest for child abuse research is a model which has been used in medical research for some time very successfully. That model is a collaborative research project composed of many studies or many projects all working from some common protocol that enables them to collect the same kind of data in roughly the same way, with roughly the same instruments and then feed it all into a central group that does analysis.

Out of that kind of model we may be able to develop some more reasonable inferences about etiology and relationship between services and impact on people.

But I think until we develop that kind of model nearly everything we do and present to you, and present to our colleagues, is going to be fragmentary and inconclusive. And it will end up with some general caveat about more work needs to be done, et cetera.

We very much need that kind of collaborative study and that kind of model. To my knowledge, it has been done in the social sciences or behavioral sciences research. Certainly it has not been done in applied or clinical research. It very much needs to be done. But it can't be done with a hodge-podge of spending priorities that change every 3 years.

After giving you that fragmentary and inconclusive, information, I can tell you two or three things that are more definite. These things include good news and bad news.

The good news is that it appears that in general it is possible to interrupt the cycle of physical abuse in most of the cases, if not interrupted totally, at least moderated so that the kids are not getting bashed as hard and as often.

Treatment can alter the frequency and severity of abuse. It has been done with highly trained professional teams. It has also been done by lay groups, and it has been done by just providing a pediatrician who is on call and offering regular services to the families. It has been done in a variety of ways. It is not clear what the common denominator is amongst all of those groups and the kinds of services and the results of them. It is not clear beyond the basic paradigm of providing somebody in distress with somebody else who cares and who is willing to help. That is the good news. We can intervene. We can stop the physical abuse, usually.

The bad news is that we have been unable to document that this intervention in any consistent or stable way has improved the functioning of the children after the intervention, providing that the children stay in the home. That is a complicated statement. Let me try to unravel that and state it more simply. We have some research from the early 1970's that suggests that intervention for a broad spectrum of these families does produce for the children some gains in IQ and school achievement and social relationships, but those gains are achieved mainly by taking kids out of their homes and putting them in foster homes. It is an expensive form of intervention and it carries with it a lot of problems of its own which we did not measure at the time.

What we have problems with is documenting gains of kids who stay in their homes. Most of the children we have seen—of a group of children we have seen in our project at Children's Hopsital—have shown fairly rapid and encouraging gains in social relationships, in development scores, the first 6 months to 1 year after they have been taken into the project. But 2 years later when you begin to look at these youngsters, those gains are mainly reversed.

Most research projects have not yet looked carefully at the social functioning of the children, but that is the bottom line on what we want to achieve. Most clinicians you talk to—myself included—have got a store of horror stories as well as a stock of good news stories about families who have turned out well. I know that a lot of the families we have treated have improved and the kids' functioning has improved, but we are having a hard time documenting that on a group basis. That's the bad news.

I think the problem is partly a technological one. I think the technology of human services research and of impact research is really primitive. Another problem is that there are "sleeper effects." We have not been able to stay with these families long enough. These problems have already been mentioned by Dr. Gelles and Dr. Newberger. Federal priorities and the ways in which money is given do not allow us to set up studies and track the families long enough to understand the relationships between anything we do and its effects on the families.

The third point I wanted to make—and then I will stop—is that it appears from the services research that has been done that there is an important role for paraprofessionals and lay people in treatment of child abuse. It has been demonstrated in many ways. I want to emphasize the fact that I think it is not just that we are getting people to do something cheaply that would cost a lot more if you had professionals do it. In many respects I think the lay therapist or the parent aide can do things that the professionals couldn't do if he had all the time in the world. He would not have the same kind of credibility to some of these families. He could not model good caretaking in the same way that the paraprofessional could, could not provide the same kind of social contact and validation, could not function as a good neighbor for most of those families. Our professional skills are not organized to do that kind of thing usually. So they are an important element, I think, of any kind of treatment program.

With that I will stop.

I am sort of stopping in midair, but in the interest of time, I will stop, because we only have 20 minutes left.

Mr. PURSELL. Dr. Kent, thank you very much.

I was reading last night in your report, Dr. Newberger, that Florida's reporting system had something like 87,000 cases by 1971 and its hotline was overloaded in spite of its good reporting system. That fits into Dr. Kent's experience on casework and fieldwork, and can we, at this point provide delivery services without adequate funding at the county, State and Federal level?

There must be some other mechanisms, other than fighting budgets all the time, to try to attract more appropriate local people to put together the delivery services, to look at some alternatives rather than saying that only the social service department should be the deliverer of services. Couldn't it be a combination of others on a local basis, and not just Federal agencies? Looking at the delivery service in the Florida case, if you would say, OK, it's also an impossible task and they will only take the top priority cases and ignore most of the other abuse cases—do you care to comment on that individually or as panel members?

Mr. **Brown**. Yes. I think the matter of receiving the report—and we have outlined some of the guidelines of this in the small publication which I submitted to you on national standards—there were a variety of practices in the way reports are received by social service agencies. There must be a single agency designated to receive and evaluate reports so that there is a capacity to monitor what takes place.

Of course social services should not be the only resource to treat neglect and abuse. A community must have available cooperative arrangements with medical and legal professionals, and the courts and the schools, and all the agencies in the community would serve to support families in trouble.

Mr. **Pursell**. But you know that doesn't happen. Agencies are very jealous of each other. I have seen the State government and the local government in an absolute fight as to criminal and social services. Is there a community that has some kind of a model, like Los Angeles, where these agencies have some kind of a coordinating system to help get into these cases?

Mr. **Brown**. Communities are like people. There are many varieties of the way they handle problems. There is a model emerging and I think we are doing better. I have been a practitioner for over 25 years and have always been concerned, as you say, about jurisdictional problems and ability to cooperate. But the issue of child abuse has pulled communities together I think in a way that has not happened in the past. There are communities now putting together child abuse advisory councils to examine these problems.

Many communities are using interdisciplinary teamwork for case consultation on child abuse and neglect cases. We are seeing more cooperation now, than we have seen in recent years, and that is helping.

Mr. **Pursell**. Dr. Gelles.

Dr. **Gelles**. I think there is one thing that is very important to point out. Although most of us are concerned with the area of domestic violence and child abuse we sometimes forget that our concern is not shared. By and large, the average American community still does not view domestic violence, child abuse, or wife abuse as major social problems.

My community is about to authorize $20,000 for an expansion of their animal shelter for dogs, cats, and bunny rabbits, having 6 months previously turned down a $20,000 appropriation for a shelter for battered women.

You cannot legislate concern on the part of American people. You cannot make people be concerned over family violence, but you can continue to focus attention on this issue by continuing ongoing projects, and continuing to devote Federal attention to the issue of domestic violence.

There are programs that are very good. The one I am most familiar with is the Nashville program, Comprehensive Community Services in Nashville, Tenn. Just when they got to the point of establishing a community-based treatment and service program, their Federal funding ran out and they disbanded. So there is no model program to visit anymore. What we have now is a bunch of unemployed people running around who can tell you about their program but they ran out of Federal funds. The Federal programs simply don't last long enough to establish, evaluate, and disseminate knowledge.

Mr. Pursell. How were they funded?

Dr. Gelles. National Center for Child Abuse and Neglect. It was HEW funded.

Mr. Pursell. How long did it last?

Dr. Gelles. Three years. I should point out that the funding for the National Center for Child Abuse and Neglect is still hung up on the Senate side. They still don't have an appropriation or an agency. That is one of the reasons why good projects like these are disbanded. They have no promise for the future.

Mr. Pursell. So there are just so many Federal dollars available. Now, where should those dollars go? Towards that piece of legislation, or how best can we get those dollars into the local communities and in what form, knowing the constraints of the Federal budget, $500 and some billion?

Dr. Newberger. There is not nearly enough money committed to basic understanding of these problems. We may have an inadequately disseminated technology, but that technology, given the limited understanding that we currently have about what to do effectively to treat and prevent family violence——

Mr. Pursell. Let me amplify that. If you were to write the budget and had a number of dollars, how would you specifically dole that out and what guidelines would you give us as to priorities for a national budget?

Dr. Newberger. Here I think it is very important to heed to what has happened in other areas of scientific inquiry where we have perceived national goals. This is an area where it takes years to set up an adequate research program and where there are at present only a very few people who are doing competent investigative work. This is a difficult area to research. It is not espectially popular among social scientists or clinicians in any field, and there is a great need to attract and retain competent people in this field. This will require, I think, the development of centers of excellence through the country. This has yet to take place.

Mr. Pursell. Are you suggesting that we get some centers or demonstration projects to combine the experience factors and the need for additional research, which you were suggesting a bit earlier, with some of their experience in the delivery of services? Is the linkage of the two important in where we are headed?

Dr. Newberger. My persuasion is that indeed it is urgently important to mix clinicians and researchers cheek-by-jowl so that clinicians have an opportunity to communicate with the scientists and the scientists can understand something about the real life situation.

An example of Federal funding of this nature is in the budget of the National Institutes of Health, where centers for pulmonary disease, for cancer and for dicerent other specific ailments which have attracted national attention have been set up around the country. These are in many cases interdisciplinary undertakings which assure funding for a period of 5 years and enable investigators and clinicians to work side by side..

Dr. **Gelles.** I agree with Dr. Newberger. Every time a legislature votes on appropriation bill for the National Institutes of Health or the National Science Foundation, you are voting on potential dollars that will be requested by researchers in the area of family violence. We did not get funded originally—I did not get funded originally by the National Center for Child Abuse and Neglect. I sought funds from the National Institutes of Mental Health. Every dollar that is cut out of their appropriation, or NSF's is a dollar that potentially could have found its way into this area. Basically it gets back to Mr. Well's question earlier, and that is a Federal commitment to social science research.

I agree with Dr. Newberger, but I also think that there are indirect ways you can fund this research and when you vote on appropriations for these agencies that is one indirect way that concern for domestic violence can be advanced.

Mr. **Pursell.** Who should administer the research program or coordinate at the Federal level? Should it be NIH, or NSF, or HEW? Where would we get our best performance in terms of management results, from what agency or what new agency?

Dr. **Newberger.** I think this panel is neither sufficiently expert nor cognizant of the current realities of the bureaucracy, Mr. Chairman, but I think it is very clear that what needs doing is some high-level integration at the top. So long as the agencies in the public health service and in the Administration for Children and Youth and Families are adequately, in communication, it will be difficult to make their efforts reasonably congenial. My personal persuasion is that I would like to see these activities in that administrative unit of Government that is really able to acknowledge the needs of children and families.

I think the present situation of the National Center on Child Abuse and Neglect and the Administration for Child, Youth, and Families is quite appropriate and the building in of other research and demonstrations within that unit makes good sense.

The problem is, however, that the level of that particular bureau of HEW is low and its priority in regard to the rest of that agency's program also appears to be low.

Certainly their budget is pitifully low.

Mr. **Pursell.** What if we had some changes in our various institutions throughout the country; to illustrate, the educational system of the elementary and secondary schools, which I have been very concerned about for a long time. Take for example, counselors. We have counselors at the high school level who suggest that most students probably should be going to college and they look at test results and counsel from time to time with individuals. Yet the elementary schools really lack counselors to even identify problem-type cases.

It just seems to me that, with the millions of dollars that we are funding at the State and local level, maybe there ought to be some changes in some of our institutions that will fundamentally address, as in preventive medicine, the earlier stages of this problem where the main causes can be identified and helped to some extent in the long range.

Maybe other kinds of agencies could participate at the local level which have traditionally been ignoring some of those problems. Is there anybody gutsy enough to talk about some revolutions in our basic institutions?

Dr. **Newberger.** We do have a problem in this field which hasn't been mentioned, but which perhaps Mr. Brown might want to comment on: That is, a sense of possessiveness among many of the child welfare agencies that this is their problem. Ocassionally, this operates to the exclusion of people in the schools and in the medical profession, and in nursing. All of us in medical practice have frequently seen situations where basically the social worker coming to a clinical conference will say: "Well, I am here because my supervisor told me to come, but basically all of the decisions on this case are mine, and it is our agency which has the legal mandate to do this work."

Mr. **Brown.** I think there is a lot of progress being made by social services, recognizing the importance of quarterbacking the problem, if you will, in terms of recognizing the role of education, the role of the hospital, the role of the juvenile court. We are pushing that, of course, in terms of national standards. There are indeed a lot of varieties. More and more, social workers are saying that there needs to be an assessment of an initial response to the report, an assessment of that report and assessment of the family in terms of the problems and resources needed. Then either provide services or mobilizing those resources to get services to the family.

Communities vary. You will have your super-supports in large metropolitan areas and then you have rural areas, where getting this kind of cooperation together is a matter of trying to organize resources that simply don't exist.

However, I think the schools have another important role. I would like to go further with the schools in the sense of the importance of family life education, personal development, introducing curriculum in the schools around helping children to understand and deal with their own anger and their own feelings about what is happening to them and how to deal with it, to look at expectations on what is involved in being a parent.

We are seeing in the agencies around the country that many parents are dealing with frustrations and problems simply because they are misinformed as to what is normal and what can be expected from a parent and a child. There are many conflicts in the parent-child relationship. Much of this, it seems to me, could be taught in the elementary schools and in higher education. Very little is being done.

Mr. **Shacknai.** I might add this was a proposal offered by Dr. Steinmetz at yesterday's hearings as a possible means of preventing spouse abuse.

It certainly is not specific to the child battered syndrome, but rather would be pervasive through all forms of violence.

Dr. Gelles. It is important to point out how absolutely difficult this issue is going to become. The more we learn, the more we find that there are no simple answers, nor will there be simple answers.

We don't know an awful lot about child abuse but we have known for a fair amount of time that two factors combine to increase risk of child abuse. Low income in and of itself does not cause abuse, but if you put low income together with an unwanted child or, if you put low income together with a handicapped child, then you geometrically increase the risk of that child being abused. We have known that and we have talked about it for years. Despite, or inspite of, that information, State and Federal Governments, who say they want to prevent child abuse, are voting to cut off abortion funds for welfare mothers. Last night on the network news after a story on family violence, that the March of Dimes now is going to cut off funding for genetic counseling to try to play down the amniocintesis test. This could either reduce the number of children being conceived or, more tragically, increase the number of handicaped children being born and thus raise the likelihood of child abuse taking place. These are emotional and controversial issues. Every time you bring up abortion someone claps their hands and someone boos and that is exactly what we have to face. The point is: you cannot cut off abortions funds for welfare mothers and at the same time say we, as the legislative body, want to do something about child abuse. You are doing something about it. You are raising the risk of child abuse occurring when you cut off abortion funds for welfare mothers.

Mr. Pursell. We get a lot of disagreement on that and I don't want to get in on the abortion issue today. Would you comment on the television in the home, specifically, and its effect on violence. Does it contribute or doesn't it?

Dr. Gelles. I suspect it does. But keep in mind that the institution that is more violent than television is the family. If the child is going to be violent by seeing violence on television, imagine the effect of seeing one's parents fight with one another or being the victim of one's parents' violence. Yesterday, the PTA listed the most violent television shows. They are very concerned with violence on TV. But America's schools are a heck of a lot more violent than television. While TV may be a problem, it may be a cheap shot to focus in on the television networks and try to regulate them. You could eliminate violence on television completely, but as long as you had violent families and violent schools and other violent institutions you really would not be reducing the incidence of child and spouse abuse in America.

Dr. Newberger. I would like to disagree with Dr. Gelles. The average American child sees approximately 13,000 killings between the ages of 5 and 15 on T.V. In no way can it be said that the violence in the American home begins to approximate this figure. The data that we have on the impact of children's play on family violence suggests that there are indeed associations which pre-dispose to more aggressiveness and to increased tolerance of children for violence on the part of their peers.

My view—and I know this is shared by many of my colleagues—is that violence on public TV is indeed a public health menace.

Mr. PURSELL. Dr. Kent.

Dr. KENT. I would like to support part of what Dr. Gelles said. What I will relate is not original with me. This is something I heard last night from a friend, a child psychiatrist. He is in the audience right now.

My youngest child had watched a dog hit by a car in the street a couple of days ago. It was a dog that belong to a friend of hers. And 2 days afterwards she would periodically burst into tears thinking about the dog and what had happened to him. I was talking with Dr. Lourie and he said that he is encouraged sometimes by the differences in children's responses to the awful impact of aggression and death when they see it outside the "square box"—the TV—when they see it in real life. It is numbing, frightening and terrifying to them. I think we all tend to respond in a much more direct and emphathetic way to real violence than we do to violence on television. So I have some sympathy for Dr. Gelles' proposal that violence in the family life may be more important.

Dr. GELLES. I don't want to be misinterpreted. I am not in favor of TV violence, but I happen to know that we have had violent families before we had TV violence.

Mr. PURSELL. It seems to me that the value system in my family was a lot different before television, when we used to have music together in the evening and did a lot of other more creative activities, rather than sit and watch the television night after night after night. The alternatives without television of what the family could do has to be suggestive of the educational, cultural and artistic fields too.

I would like to thank all of our panelists for their expertise today, Dr. Kent, Dr. Gelles, Dr. Newberger and Mr. Brown. I wish we had more effort toward a national strategy to accomplish this. I think you have made a contribution to Congress. I would like to take the time to thank all of you here, Dr. Gelles and the others and the audience today.

Is there any comment by staff or closing announcements?

Mr. SHACKNAI. I would like to add that Chairman Scheuer has some very specific questions for you and I would like to notify you that we will be following up in the mail.

Our hearing record will not be complete for at least another month and we hope that you will respond to those additional interrogatories.

Mr. PURSELL. I would like to thank Leslie Loflin also for her excellent work in putting together these programs over the last 3 days for the Congress.

I would also indicate on behalf of our chairman that we do have some proposed legislation in the development stages and maybe a contribution individually from you as to what is happening on the Senate side would be a good and timely step.

We will accept for the record any testimony and further reports. I think the committee does have most of that on the record, but if there are any other contributions in terms of reports for the committee, we will be happy to accept them.

Thank you very much.

[Whereupon, at 12:10 p.m., the hearing was adjourned.]

APPENDIX

Public Law 93–247
93rd Congress, S. 1191
January 31, 1974

An Act

To provide financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect, to establish a National Center on Child Abuse and Neglect, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Child Abuse Prevention and Treatment Act".

Child Abuse Prevention and Treatment Act
88 STAT. 4

THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

88 STAT. 5
Establishment

SEC. 2. (a) The Secretary of Health, Education, and Welfare (hereinafter referred to in this Act as the "Secretary") shall establish an office to be known as the National Center on Child Abuse and Neglect (hereinafter referred to in this Act as the "Center").

(b) The Secretary, through the Center, shall—

(1) compile, analyze, and publish a summary annually of recently conducted and currently conducted research on child abuse and neglect;

Annual research summary

(2) develop and maintain an information clearinghouse on all programs, including private programs, showing promise of success, for the prevention, identification, and treatment of child abuse and neglect;

Information clearinghouse

(3) compile and publish training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect;

(4) provide technical assistance (directly or through grant or contract) to public and nonprofit private agencies and organizations to assist them in planning, improving, developing, and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect;

(5) conduct research into the causes of child abuse and neglect, and into the prevention, identification, and treatment thereof; and

(6) make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity.

Study

(c) The Secretary may carry out his functions under subsection (b) of this section either directly or by way of grant or contract.*

Amended January 3, 1975 by P.L. 93-644.

DEFINITION

SEC. 3. For purposes of this Act the term "child abuse and neglect" means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.

DEMONSTRATION PROGRAMS AND PROJECTS

Grants and contracts

SEC. 4. (a) The Secretary, through the Center, is authorized to make grants to, and enter into contracts with, public agencies or nonprofit private organizations (or combinations thereof) for demonstration programs and projects designed to prevent, identify, and treat child abuse and neglect. Grants or contracts under this subsection may be—

88 STAT. 6

(1) for the development and establishment of training programs for professional and paraprofessional personnel in the fields of medicine, law, education, social work, and other relevant fields who are engaged in, or intend to work in, the field of the prevention, identification, and treatment of child abuse and neglect; and training programs for children, and for persons responsible for the welfare of children, in methods of protecting children from child abuse and neglect;

(2) for the establishment and maintenance of centers, serving defined geographic areas, staffed by multidisciplinary teams of personnel trained in the prevention, identification, and treatment of child abuse and neglect cases, to provide a broad range of services related to child abuse and neglect, including direct support and supervision of satellite centers and attention homes, as well as providing advice and consultation to individuals, agencies, and organizations which request such services;

(3) for furnishing services of teams of professional and paraprofessional personnel which are trained in the prevention, identification, and treatment of child abuse and neglect cases, on a consulting basis to small communities where such services are not available; and

(4) for such other innovative programs and projects, including programs and projects for parent self-help, and for prevention and treatment of drug-related child abuse and neglect, that show promise of successfully preventing or treating cases of child abuse and neglect as the Secretary may approve.

Not less than 50 per centum of the funds appropriated under this Act for any fiscal year shall be used only for carrying out the provisions of this subsection.

Grants to States.

(b) (1) Of the sums appropriated under this Act for any fiscal year, not less than 5 per centum and not more than 20 per centum may be used by the Secretary for making grants to the States for the payment of reasonable and necessary expenses for the purpose of assisting the States in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs.

(2) In order for a State to qualify for assistance under this subsection, such State shall—

(A) have in effect a State child abuse and neglect law which shall include provisions for immunity for persons reporting instances of child abuse and neglect from prosecution, under any State or local law, arising out of such reporting;

(B) provide for the reporting of known and suspected instances of child abuse and neglect;

(C) provide that upon receipt of a report of known or suspected instances of child abuse or neglect an investigation shall be initiated promptly to substantiate the accuracy of the report, and, upon a finding of abuse or neglect, immediate steps shall be taken to protect the health and welfare of the abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect;

(D) demonstrate that there are in effect throughout the State, in connection with the enforcement of child abuse and neglect laws and with the reporting of suspected instances of child abuse and neglect, such administrative procedures, such personnel trained in child abuse and neglect prevention and treatment, such training procedures, such institutional and other facilities (public and private), and such related multidisciplinary programs and services as may be necessary or appropriate to assure that the State will deal effectively with child abuse and neglect cases in the State;

(E) provide for methods to preserve the confidentiality of all records in order to protect the rights of the child, his parents or guardians; 88 STAT. 7

(F) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services;

(G) provide that in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem shall be appointed to represent the child in such proceedings;

(H) provide that the aggregate of support for programs or projects related to child abuse and neglect assisted by State funds shall not be reduced below the level provided during fiscal year 1973, and set forth policies and procedures designed to assure that Federal funds made available under this Act for any fiscal year will be so used as to supplement and, to the extent practicable, increase the level of State funds which would, in the absence of Federal funds, be available for such programs and projects;

(I) provide for dissemination of information to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat instances of child abuse and neglect; and

(J) to the extent feasible, insure that parental organizations combating child abuse and neglect receive preferential treatment.

(3) Programs or projects related to child abuse and neglect assisted under part A or B of title IV of the Social Security Act shall comply with the requirements set forth in clauses (B), (C), (E), and (F) of paragraph (2).

49 Stat. 627;
81 Stat. 911
42 USC 601, 620

(c) Assistance provided pursuant to this section shall not be available for construction of facilities; however, the Secretary is authorized to supply such assistance for the lease or rental of facilities where adequate facilities are not otherwise available, and for repair or minor remodeling or alteration of existing facilities.

(d) The Secretary shall establish criteria designed to achieve equitable distribution of assistance under this section among the States, among geographic areas of the Nation, and among rural and urban areas. To the extent possible, citizens of each State shall receive assistance from at least one project under this section.

(e) For the purposes of this section, the term "State" includes each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Virgin Island, Guam and the Trust Territories of the Pacific.*

Amended
January 3, 1975
by P.L. 93-644.

AUTHORIZATIONS

SEC. 5. There are hereby authorized to be appropriated for the purposes of this Act $15,000,000 for the fiscal year ending June 30, 1974, $20,000,000 for the fiscal year ending June 30, 1975, and $25,000,000 for the fiscal year ending June 30, 1976, and for the succeeding fiscal year.

ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

Membership

Functions

SEC. 6. (a) The Secretary shall, within sixty days after the date of enactment of this Act, appoint an Advisory Board on Child Abuse and Neglect (hereinafter referred to as the "Advisory Board"), which shall be composed of representatives from Federal agencies with responsibility for programs and activities related to child abuse and neglect, including the Office of Child Development, the Office of Education, the National Institute of Education, the National Institute of Mental Health, the National Institute of Child Health and Human Development, the Social and Rehabilitation Service, and the Health Services Administration. The Advisory Board shall assist the Secretary in coordinating programs and activities related to child abuse and neglect administered or assisted under this Act with such programs and activities administered or assisted by the Federal agencies whose representatives are members of the Advisory Board. The Advisory Board shall also assist the Secretary in the development of Federal standards for child abuse and neglect prevention and treatment programs and projects.

Report to President and Congress

(b) The Advisory Board shall prepare and submit, within eighteen months after the date of enactment of this Act, to the President and to the Congress a report on the programs assisted under this Act and the programs, projects, and activities related to child abuse and neglect administered or assisted by the Federal agencies whose representatives are members of the Advisory Board. Such report shall include a study of the relationship between drug addiction and child abuse and neglect.

(c) Of the funds appropriated under section 5, one-half of 1 per centum, or $1,000,000, whichever is the lesser, may be used by the Secretary only for purposes of the report under subsection (b).

COORDINATION

SEC. 7. The Secretary shall promulgate regulations and make such arrangements as may be necessary or appropriate to ensure that there is effective coordination between programs related to child abuse and neglect under this Act and other such programs which are assisted by Federal funds.

Approved January 31, 1974.

*Amendments Section 2(c) and Section 4(e) added by P.L. 93-644, approved January 3, 1975.

LEGISLATIVE HISTORY:

HOUSE REPORT No. 93-685 (Comm. on Education and Labor).
SENATE REPORT No. 93-308 (Comm. on Labor and Public Welfare).
CONGRESSIONAL RECORD, Vol. 119 (1973):
July 14, considered and passed Senate.
Dec. 3, considered and passed House, amended.
Dec. 20, Senate agreed to House amendments with amendments.
Dec. 21, House concurred in Senate amendments.

federal register

THE NATIONAL ARCHIVES OF THE UNITED STATES · 1934 ·

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES

■

CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAM

Title 45—Public Welfare

CHAPTER XIII—OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PART 1340—CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAM

Subtitle B of 45 CFR Chapter XIII is amended by adding Part 1340 as follows:

Subpart A—General Provisions

Sec.
1340.1-1 Purpose of the program.
1340.1-2 Definitions.
1340.1-3 General administrative requirements.
1340.1-4 Application for a grant.
1340.1-5 Awards.
1340.1-6 Conflict of interest.
1340.1-7 Non-allowable costs.
1340.1-8 Grant appeals.
1340.1-9 Civil rights.
1340.1-10 Non-discrimination of handicapped.
1340.1-11 Project duration.
1340.1-12 Program and project plan amendments.
1340.1-13 Protection of human subjects.
1340.1-14 Publications and copyright policy.
1340.1-15 Reports.

Subpart B—Demonstrations, Technical Assistance, and Other Activities

1340.2-1 Demonstrations.
1340.2-2 Technical assistance.
1340.2-3 Developing materials and Training.
1340.2-4 Research.
1340.2-5 Confidential information.

Subpart C—Child Abuse and Neglect Grants to States Under the Act and Under Title IV of the Social Security Act

1340.3-1 Purpose and eligible applicants.
1340.3-2 Establishment of compliance.
1340.3-3 Qualification for assistance.
1340.3-4 Approval of compliance statements and plan amendments.
1340.3-5 Approval of applications, plan amendments, and funds.
1340.3-6 Funds available.
1340.3-7 Allocation of funds available.
1340.3-8 Reallocation of funds available.

Subpart D—Coordination of Federal Programs and Activities Related to Child Abuse and Neglect

Sec.
1340.4-1 Purposes.
1340.4-2 Definitions.
1340.4-3 Reports and Materials.
1340.4-4 Coordination Process.

Authority: Secs. 2-5 and 7, Pub. L. 93-247, 88 Stat. 4, as amended by Sec. 8(d), Pub. L. 93-644, 88 Stat. 2310 (42 U.S.C. 5101-5103) (45 CFR 74.1(b) and 74.4(a)(2)(i).)

Subpart A—General

§ 1340.1-1 Purpose of the program.

(a) The basic purpose of this program is to assist States and localities, and nonprofit private organizations in carrying out their responsibilities for the protection of children and for the amelioration of their environment, particularly as an integral part of a family unit whose adult member(s) need help in coping with emotional or environmental stresses.

(b) The main thrust of this program effort is to assist State, local, and voluntary agencies and organizations to strengthen their capacities to develop programs that will:

(1) Prevent child abuse and neglect;

(2) Identify abused and neglected children; and

(3) Provide necessary ameliorative services to them and their families.

(c) In order to achieve this purpose, the National Center on Child Abuse and Neglect will:

(1) Develop, gather, analyze, and disseminate information on child abuse and neglect research, public and private programs, training materials, and the national incidence of child abuse and neglect;

(2) Provide technical assistance to public agencies and nonprofit private organizations to assist them in their activities relating to the prevention, identification, and treatment of child abuse and neglect;

(3) Conduct research in order to develop new techniques in identifying, preventing, and treating child abuse and neglect; and

(4) Make grants and enter into contracts for demonstrations and program models designed to develop and establish improved training programs, more effective service delivery vehicles, and for other innovative programs and projects showing promise of successfully preventing or treating child abuse and neglect.

(d) In seeking to directly assist and encourage States to improve their capacity to identify, prevent, and treat child abuse and neglect, the Secretary will:

(1) Provide Federal financial assistance under the Act to States meeting the requirements therefore: such assistance is designed to enable States to develop, strengthen, and carry out activities related to child abuse and neglect; and

(2) Require the single State agencies to meet specified requirements in order to receive assistance for activities related to child abuse and neglect assisted under Part A or B of Title IV of the Social Security Act.

§ 1340.1-2 Definitions.

For purposes of this part—

(a) "Act" means the Child Abuse Prevention and Treatment Act, 88 Stat. 4 (Pub. L. 93-247), unless otherwise specified.

(b) "Child abuse and neglect" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare.

(1) "Harm or threatened harm to a child's health or welfare" can occur through: Non-accidental physical or mental injury; sexual abuse, as defined by State law; or negligent treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. *Provided*, However, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; *However*, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it.

(2) "Child" means a person under the age of eighteen.

(3) "A person responsible for a child's health or welfare" includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution.

(c) "Director" means the Director of the Office of Child Development.

(d) (1) "Facility" means a building or portion thereof used to house programs or services designed to treat or prevent child abuse and neglect such as attention homes, emergency shelters; nurseries or treatment rooms or wards; central reporting registers; hot line services; diagnostic treatment and training centers; hospital emergency rooms and neighborhood health centers; and other services or programs established to deal with the prevention and treatment of child abuse and neglect.

(2) "Repair or minor remodeling or alteration of an existing facility" means the physical modification of the facility, the cost of which must be reasonable in relation to the total proposed cost of the program or project and is consistent with the provisions of Chapter I-44 of the Grants Administration Manual of the Department of Health, Education, and Welfare.

(e) "Non-profit private organization" means a corporation or association, the income of which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1954.

(f) "Project period" means the total period of time for which a project is approved for support with Federal funds.

(g) "Secretary" means the Secretary of the Department of Health, Education, and Welfare.

(h) "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Virgin Islands, Guam and the Trust Territory of the Pacific.

(i) "The single State agency" means the State agency administering or supervising the administration of the State plan under title IV-A and IV-B of the Social Security Act.

(j) As used in this part, words importing the masculine gender may be applied to female persons or organizations.

§ 1340.1-3 General administrative requirements.

(a) The provisions of Part 74, Administration of Grants, of this title shall apply to all grants made under this part.

2

§ 1340.1-4 Application for a grant.

(a) An application for a grant under this part shall be submitted by such time and in such form and manner as the Director may prescribe. The application shall contain a budget and narrative plan of the manner in which the applicant intends to conduct the project and carry out the applicable requirements of this part.

(b) The application must be signed by an individual authorized to act for the applicant and to assume for the applicant the obligations imposed by the statute, the applicable regulations of this part, and any additional conditions of the grant.

§ 1340.1-5 Awards.

All grant awards and contract awards for programs or projects under the Act shall be in writing and shall constitute the encumbrance of the Federal funds awarded. An award shall specify the project period.

§ 1340.1-6 Conflict of interest.

Employees or individuals participating in a program or project under the Act shall not use their positions for a purpose that is, or gives the appearance of being motivated by a desire for private gain for themselves, or others, particularly those with whom they have family, business or other ties.

§ 1340.1-7 Non-allowable costs.

(a) Federal financial assistance is not available under the Act for the construction of facilities.

(b) No Federal financial assistance may be furnished under the Act for the cost of activities for which payment is made under another part of this chapter or under other authority for the same purpose.

§ 1340.1-8 Grant appeals.

When a post-award dispute arises in the administration of grants under the Act following certain determinations adverse to a grantee, the grantee may apply for a review of such determination in accordance with the provisions of Subtitle A, Part 16, of this title.

§ 1340.1-9 Civil rights.

Attention is called to the requirements of title VI of the Civil Rights Act of 1964 (78 Stat. 252 (42 U.S.C. 2000d et seq.)) and in particular section 601 of such act, which provides that no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. A regulation implementing such title VI, which applies to grants and contracts made under this part, has been issued by the Secretary of Health, Education, and Welfare with the approval of the President (45 CFR Part 80).

§ 1340.1-10 Non-discrimination of handicapped.

No otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program, project, or activity assisted under the Act. No otherwise qualified individual shall be denied employment in any program, project, or activity assisted under this part solely because of a physical or mental disability (Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)).

§ 1340.1-11 Project duration.

Programs and projects may be approved for a period not to exceed five years. Program and project budgets must be submitted and will be reviewed and approved annually.

§ 1340.1-12 Program and project plan amendments.

(a) The grantee shall submit an amendment describing any material change in the plan of his program or project proposed to be made during the project period. Proposed program or project plan amendments shall be submitted in writing for appropriate review prior to consideration by the Director.

(b) Proposed program and project plan amendments may be initiated by the Director if, on the basis of reports, it appears that Federal funds are being used for purposes beyond the scope of the approved project application.

§ 1340.1-13 Protection of human subjects.

The provisions of Part 46 of Subtitle A of this part, the Protection of Human Subjects, shall apply to all grants and contracts assisted under the Act supporting research, development, and related activities in which human subjects at risk, as defined in 45 CFR Subtitle A, § 46.3(b), are involved.

§ 1340.1-14 Publications and copyright policy.

(a) The results of any activity supported under this part may be published without prior review by the Department: *Provided*, That such publication's preface shall acknowledge the Federal assistance received and stating that interpretations of data do not necessarily represent interpretations of the Department and *Provided, further*, that 35 copies of such publication are furnished to the Department.

(b) Where a project activity leads to the publication of a book or other copyrighted material, the author is free to copyright the work, but the Department reserves royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, all copyrightable or copyrighted material resulting from the grant-supported activity. Any such publication shall contain a notice of such license.

§ 1340.1-15 Reports.

Reports shall be made to the Director in such form and containing such information as the Director may find necessary to enable the Director to perform his functions under this part.

Subpart B—Demonstrations, Technical Assistance, and Other Activities

§ 1340.2-1 Demonstrations.

(a) *Eligible applicants or contractors.* The Director will make grants to or enter into contracts with public agencies or nonprofit private organizations (or combinations thereof) for demonstration programs and projects.

(b) *Nature of demonstration programs and projects.* (1) Such demonstrations may include, but are not limited to pilot or experimental efforts to provide additional and more effective ways of preventing, identifying or treating child abuse and neglect than are currently available; testing the feasibility of providing child abuse and neglect services in new settings or under new conditions; innovative programs and methods of providing preventive and treatment services in urban and in rural areas; methods of coordinating most effectively the variety of disciplines and agencies involved in child abuse and neglect; the establishment and maintenance of facilities, such as central registers, satellite centers, attention homes, emergency shelters, hospital emergency rooms, neighborhood health centers, and "hot lines"; provision of consultation by teams to small communities; programs for the prevention and treatment of child abuse related to drug abuse, and parent self-help projects and programs.

(2) All such demonstrations shall be evaluated, either as a part of the program or project or through a separate contractual effort. All demonstration programs should include provisions for continuing the program within the agency or organization or under other auspices upon the termination of funding under the Act. These provisions should be reasonable and firm commitments rather than hopeful expectations.

(c) *Manner of solicitations.* (1) Grant applications will be solicited through Program Announcements specifying the project goals and objectives for which applications are being solicited, the criteria by which they will be judged, the amount of funds available for such grants, and the deadline for receipt of applications.

(2) Contracts will be awarded in accordance with the procurement regulations of the Department of Health, Education, and Welfare (41 CFR Subtitle A, Part 3).

(d) *Per centum of appropriation.* Not less than 50 per centum of the funds appropriated under the Act for any fiscal year shall be used for carrying out the provisions of subsection 4(a) of the Act.

(e) *Special criterion for selection—equitable distribution.* (1) The formula prescribed in § 1340.3-7, which includes for each State a minimum amount and an additional amount based on the number of children under the age of eighteen, is designed to achieve equitable distribution of assistance among the States.

(2) In the selection of applications submitted under this subpart which are judged to be of approximately equal merit, the Director will take into account the extent to which the selection of one applicant as against the other may achieve equitable distribution of assistance among geographic areas of the Nation and among rural and urban areas.

§ 1340.2-2 Technical assistance.

Technical assistance authorized in subsection 2(b)(4) of the Act will be furnished by the National Center on Child Abuse and Neglect directly, by grant, or by contract, to public agencies and nonprofit private organizations to assist them in planning, improving, developing and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect.

§ 1340.2-3 Training materials and training.

The National Center on Child Abuse and Neglect, directly, through grants, or through contracts, will develop, compile and publish training materials and conduct training for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect.

§ 1340.2-4 Research.

The National Center on Child Abuse and Neglect will conduct research into the causes of child abuse and neglect and into the prevention, identification, and treatment thereof. Such research will include a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity.

§ 1340.2-5 Confidential information.

(a) All information including lists of names, addresses, photographs and records of evaluation, obtained as to personal facts about individuals served by any demonstration, research, training or technical assistance project or program assisted under the Act shall be held to be confidential and may not be disclosed except as provided in paragraph (b).

(b) The use of such information and records shall be limited to purposes directly connected with the administration of the program or project, including evaluations thereof conducted under contract from the Department of Health, Education, and Welfare, and such information may not be disclosed, directly or indirectly, other than for such a purpose thereof or pursuant to the requirements of § 1340.3-3(d)(5), unless the written consent of the agency providing the information and the individual to whom the information applies or his representative has been obtained. No report or other documentation of a program or project to be disclosed outside the program or project may contain information that might serve to identify any person without his written consent or that of his representative.

Subpart C—Child Abuse and Neglect Grants to States Under the Act and Under Title IV of the Social Security Act

§ 1340.3-1 Purpose and eligible applicants.

(a) States that qualify under § 1340.3-2, may receive grants to initiate or continue the support of programs or projects of the State or one of its political subdivisions which can be expected to assist the State in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. The Act also requires that the single State agency comply with certain requirements in order to begin or continue the receipt of funds for programs or projects related to child abuse and neglect assisted under Part A or B of Title IV of the Social Security Act.

(b) This subpart describes the process States must follow to establish their compliance and to apply for funds provided under section 4(b)(1) of the Act (Pub. L. 93-247). The process the single State agency must follow to establish compliance under the Act (and under the Social Security Act) is described in 45 CFR Part 220.

§ 1340.3-2 Establishment of compliance.

(a)(1) In order to be eligible for Federal financial assistance for programs or projects related to child abuse and neglect assisted under section 4(b)(1) of this Act, a State shall provide, in such form and with such documentation as the Secretary may require, a statement that the State meets the requirements of the Act and of this part, signed by the Governor. All legal opinions shall be certified by the Attorney General of the State.

(2) In order to be eligible for Federal financial assistance for programs or projects related to child abuse and neglect assisted under Part A or B of Title IV of the Social Security Act, the single State agency shall provide, in such form and with such documentation as the Secretary may require, a statement that it meets the requirements of the Act (Pub. L. 93-247) and the Social Security Act, in accordance with regulations published in 45 CFR Part 220.

(3) For programs or projects funded under section 4(b)(1) of the Act, the requirements are set forth in § 1340.3-3(d)(1)-(10). For programs or projects funded under Part A or B of Title IV of the Social Security Act, the requirements are set forth in 45 CFR 220.

(b) Whichever State office, agency, or organization is designated by the Governor, may apply for financial assistance under section 4(b)(1) for the payment of reasonable and necessary expenses in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. Such State office, agency, or organization need not be limited in its mandate or activities to child abuse and neglect. Such State office, agency, or organization designated by the Governor may enter into purchase agreements with other offices, agencies, or organizations (including Indian Tribal governments) to conduct activities under the grant. The application for such funds shall include a description of the activities presently conducted by the State and its political subdivisions in relation to preventing and treating child abuse and neglect, the activities to be assisted under the grant, a statement of how the proposed activities are expected to develop, strengthen, or carry out child abuse prevention and treatment programs together with a budget in the form and detail and in accordance with the procedures prescribed by the Secretary, and such additional information in such form and with such documentation as the Secretary may require.

§ 1340.3-3 Qualification for assistance.

(a) The Act enumerates ten elements of a comprehensive system to prevent and treat child abuse and neglect which a State must have in order to qualify for assistance under section 4(b)(1). The enactment of identical laws and procedures in the States is not necessary. Rather, as its purpose, the Act seeks to insure that all States receiving assistance under this subsection, in meeting the ten requirements, must provide what may be grouped into four fundamental child protective capabilities: (1) Detection through third party reporting of children in danger including mandatory and permissive reporting of suspected child abuse and neglect; (2) child protective services to provide non-criminal investigations for the verification of reports, to provide immediate protection of children through such means as protective custody, and to provide rehabilitative and ameliorative services; (3) juvenile or family court action to remove a child or to impose treatment services; and (4) law enforcement investigations and criminal court prosecution, when appropriate.

(b) Similarly, it is not necessary for States to adopt language for the definition of "child abuse and neglect" identical to that used in the Act. A State definition which is the same in substance as the one set forth in this part will be sufficient. In addition, nothing in this part is intended to prevent a State from further elaborating on the definition or from providing additional grounds to consider a child abused or neglected. This part takes this approach in recognition of the need to allow and encourage flexibility and innovation in light of the diverse local conditions found from State to State and community to community.

(c) Finally, in order to facilitate compliance, this part makes a distinction between requirements that can be satisfied by a specific State law and those that can be satisfied by a legally authorized and legally binding administrative procedure, if certified by the State's

Attorney General.

(d) In order for a State to qualify for assistance under section 4(b)(1) of the Act, the State shall satisfy each of the following ten requirements:

(1) The State must have in effect a child abuse and neglect law which includes provisions for immunity for all persons reporting, whether mandated by law or not, instances of known or reasonably suspected child abuse and neglect, from civil or criminal prosecution under any State or local law, arising out of such reporting. In the absence of a specific statutory provision in an existing child abuse and neglect reporting law, this requirement may be satisfied, but only until July 1, 1975, or the close of the next session of the State legislature, whichever is later, by a legal opinion of the State's Attorney General holding that such immunity exists under State law.

(2) (i) The State must provide for the reporting of known or suspected instances of child abuse and neglect. This requirement shall be deemed satisfied if a State requires specified persons by law, and has a law or administrative procedure which requires, allows, or encourages all other citizens, to report known or suspected instances of child abuse and neglect to one or more properly constituted authorities with the power and responsibility to perform an investigation and take necessary ameliorative and protective steps as required in paragraph (8). A properly constituted authority may include the police, the juvenile court or any agency thereof, or a legally mandated, public or private child protective agency: *Provided*, However, that a properly constituted authority must be an agency other than the agency, institution or facility involved in the acts or omissions, if the report of child abuse and neglect involves the acts or omissions of a public or private agency or other institution or facility.

(ii) In the absence of a specific statute, the requirements of this subsection may be satisfied by an opinion of the State Attorney General holding that the State administrative procedures in this regard are legally binding.

(3) (i) A State must provide that upon the receipt of a report of known or suspected instance of child abuse or neglect an appropriate investigation by a properly constituted authority shall be initiated promptly to substantiate the accuracy of the report. Such investigation may include contact with central registers, field investigations and interviews, home visits, consultation with other agencies, medical examinations, and psychological and social evaluations.

(ii) The State must provide further that, upon a finding of abuse or neglect, immediate steps, as required by law and/or administrative procedure, shall be taken to protect the health and welfare of the abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect. Such steps may include multidisciplinary teams, instruction in education for parenthood, protective and preventive social counselling, foster care, emergency caretaker service, emergency homemaker service, emergency shelter care, emergency medical service, and, if appropriate, criminal court or juvenile court action, in order to protect the child and help strengthen the family, help the parents in their child rearing responsibilities, and if necessary, remove the child from a dangerous situation.

(4) The State must demonstrate that there are in effect throughout the State, in connection with the enforcement of child abuse and neglect laws and with the reporting of suspected instances of child abuse and neglect, such administrative procedures, such personnel trained in child abuse and neglect prevention and treatment, such training procedures, such institutional and other facilities (public and private), and such related multidisciplinary programs and services as may be necessary or appropriate to assure that the State has operational procedures and capabilities sufficient to deal effectively with child abuse and neglect cases in the State. Such operational procedures and capabilities shall include, provision for receipt, investigation and verification of reports, provision for the determination of treatment or ameliorative social service and medical needs, provision of such services; and, when necessary, resort to criminal or juvenile court.

(5) The State must provide for methods to preserve the confidentiality of all records concerning reports of child abuse and neglect in order to protect the rights of the child, his parents or guardians. This section shall be satisfied only if a State has a law which makes such records confidential and which makes any person who permits or encourages the unauthorized dissemination of their contents guilty of a crime. Such law may allow access to such records but only to the following agencies and persons: (i) A legally mandated, public or private child protective agency investigating a report of known or suspected child abuse or neglect or treating a child or family which is the subject of a report or record; (ii) a police or other law enforcement agency investigating a report of known or suspected child abuse or neglect; (iii) a physician who has before him a child whom he reasonably suspects may be abused or neglected; (iv) a person legally authorized to place a child in protective custody when such person has before him a child whom he reasonably suspects may be abused or neglected and such person requires the information in the report or record in order to determine whether to place the child in protective custody; (v) an agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record, or a parent, guardian, or other person who is responsible for the child's welfare; (vi) any person named in the report or record who is alleged to be abused or neglected; if the person named in the report or record is a minor or is otherwise incompetent, his guardian ad litem; (vii) a parent, guardian, or other person responsible for the welfare of a child named in a report or record, with protection for the identity of reporters and other appropriate persons; (viii) a court, upon its finding that access to such records may be necessary for determination of an issue before such court, but such access shall be limited to in camera inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it; (ix) a grand jury upon its determination that access to such records is necessary in the conduct of its official business; (x) any appropriate State or local official responsible for the child protective service or legislation carrying out his official functions; (xi) any person engaged in a bona fide research purpose, provided, however, that no information identifying the subjects of the report shall be made available to the researcher unless it is absolutely essential to the research purpose and the appropriate State official gives prior approval. Nothing in these regulations is intended to affect a State's laws or procedures concerning the confidentiality of its criminal court and its criminal justice system.

(6) The State must provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and all appropriate State agencies providing human services in relation to preventing, identifying and treating child abuse and neglect. Such cooperation may include joint consultation and services, joint planning, joint case management, joint public education and information service, utilization of each other's facilities, and joint staff and other training.

(7) The State must provide that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem shall be appointed to represent the child in such proceedings. The requirement of this clause may be satisfied by a State law or by a legal opinion of the State's Attorney General holding that such appointments can be made, and by a statement from the Governor that such appointments are made, in all cases. Such guardian ad litem need not be an attorney; however, such representative may be an attorney charged with the presentation in a judicial proceeding of the evidence alleged to amount to the abuse and neglect, so long as his legal responsibility includes representing the rights, interests, welfare, and well-being of the child; where such appointments are made, the legal opinion of the State Attorney General must specify that such attorney has said legal responsibility.

(8) The State must provide that the aggregate of State support for programs or projects related to child abuse and neglect assisted by State funds shall not be reduced below the level provided during Federal fiscal year 1973, and set forth policies and procedures designed to assure that Federal funds made available under this Act for any fiscal year will be so used as to supplement and, to the

extent practicable, increase the level of State funds which would, in the absence of Federal funds, be available for such programs and projects.

(9) The State must provide for dissemination of information to the general public with respect to the problem of child abuse and neglect and the facilities and the prevention and treatment methods available to combat instances of child abuse and neglect; and

(10) To the extent feasible, the State must insure that parental organizations combating child abuse and neglect, as recognized by the State, receive preferential treatment.

§ 1340.3–4 Approval of compliance statements and plan amendments.

(a) The Secretary shall approve a compliance statement submitted under this subpart if he finds that it meets the requirements of this subpart and of the Act.

(b) If a State does not appear to meet the requirements of this subpart, the State will be provided reasonable opportunity to qualify before final action on the application or continued extension of funds is taken by the Secretary.

(c) The requirement that a single State agency must comply with section 4(b)(3) of the Act and 45 CFR Part 220 in order to continue receiving funds for programs or projects related to child abuse and neglect assisted under Part A or B of Title IV of the Social Security Act shall take effect on July 1, 1975, or the close of the State's next legislative session, whichever is later.

§ 1340.3–5 Approval of applications, plan amendments, and funds.

(a) The Secretary shall approve an application for funds under section 4(b)(1) of the Act if he finds: (1) That the State applying for such funds qualifies for such funds under section 4(b)(2) of the Act, (2) that the funds are intended to be used to develop, strengthen, or carry out child abuse or neglect prevention or treatment programs, (3) that the State is otherwise in compliance with these regulations, and (4) that the funds requested are within the State's allocation as determined pursuant to § 1340.3–7.

(b) The Secretary shall approve the initial or continued use of funds for the single State agency's programs or projects related to child abuse and neglect assisted under Part A or B of Title IV of the Social Security Act if he finds that the single State agency qualifies for such funds under the Act (Pub. L. 93–247) and under the Social Security Act, in accordance with the regulations published in 45 CFR Part 220.

§ 1340.3–6 Funds available.

Not less than 5 per centum and not more than 20 per centum of the sums appropriated under the Act shall be used by the Secretary for making grants to the States under subsection 4(b)(1) of the Act.

§ 1340.3–7 Allocation of funds available.

(a) Funds available for grants to States for a fiscal year under section 4(b)(1) of the Act shall be allocated among the States on the basis of the following criteria:

(1) An amount of $20,000, or such other amount as the Secretary may determine, for a fiscal year, plus,

(2) An additional amount bearing the same ratio to the total amount made available for this purpose (after providing for the minimum amounts in paragraph (1)) as the number of children under the age of eighteen in each State bears to the total number of children under eighteen in all the States. The number of children under the age of eighteen to be used in this allocation shall be the number as determined by official estimates furnished to the Secretary by the Department of Commerce by October 1 of the fiscal year for which Federal grant funds are appropriated.

(b) The Director will announce the allocations available to the States under section 4(b)(1) of the Act and this subpart.

§ 1340.3–8 Reallocation of funds available.

If a State has not qualified for assistance under section 4(b)(1) of the Act prior to the date designated by the Secretary in each fiscal year, the amount previously allocated to that State under § 1340.3–7 shall be used by the National Center on Child Abuse and Neglect for such purposes under the Act as the Secretary shall determine.

Subpart D—Coordination of Program Activities

§ 1340.4–1 Purposes.

(a) There are a number of Federal agencies which expend Federal funds to administer or assist programs and activities related to child abuse and neglect.

(b) The purposes of this subpart are:

(1) To ensure effective coordination among programs and activities related to child abuse and neglect under the Act and other such programs and activities administered and assisted by other Federal agencies, as required by Section 7 of the Act;

(2) To achieve the most effective and efficient utilization of Federal resources in the design, development, implementation and management of programs and activities related to the prevention, identification or treatment of child abuse and neglect;

(3) To ensure that programs and activities are not undertaken in a unilateral manner;

(4) To ensure that programs and activities are not duplicative; and,

(5) To provide that the results, outcomes, or data generated by programs and activities are made known and available to each of the agencies participating.

(c) In order to accomplish these purposes, it is necessary that there be established and maintained an ongoing effort among the participating agencies to clarify their respective roles; identify and centrally maintain information about their respective efforts; establish and maintain appropriate program interaction; and, achieve the maximum feasible level of synchronization of effort.

(d) It is not the purpose of this subpart to alter in any manner the basic responsibility of an agency to administer and manage its programs and activities.

§ 1340.4–2 Definitions.

For purposes of this subpart:

(a) "Advisory Board" means the Advisory Board on Child Abuse and Neglect, established by the Secretary under the Act.

(b) "Executive Secretariat" means the National Center on Child Abuse and Neglect in its performance of the supportive administrative functions of the Advisory Board.

(c) "Assistant Secretary" means the Assistant Secretary for Human Development of the Department of Health, Education, and Welfare.

(d) "Activities" (and in the singular "activity" as indicated by the context) means programs and activities related to child abuse and neglect administered or assisted by participating agencies, including but not limited to:

(1) Grants in aid;

(2) Grants for research and demonstration projects;

(3) Contracts to conduct activities related to child abuse and neglect;

(4) Development of training curricula and supporting educational materials;

(5) Provision of technical assistance;

(6) Provision of services;

(7) Data collection;

(8) Development of program standards;

(9) Development of short and long range plans;

(10) Development of rules, regulations, policies or procedures.

(e) "Participating agencies" means the various Federal agencies with responsibilities for activities related to child abuse and neglect which by virtue of such responsibilities are, or are eligible to be, represented on the Advisory Board.

§ 1340.4–3 Reports and Materials.

Each participating agency shall, as a minimum, provide the following reports and material regarding its activities at the central and regional office levels to the Advisory Board:

(a) An annual written report on long range plans and budget projections;

(b) An annual written report on contemplated activities and budget projections for the succeeding fiscal year with a specific description of what these activities are to achieve and how they relate to existing activities;

(c) An annual written report at the conclusion of each fiscal year on the results and accomplishments of activities conducted during that year and a recapitulation of funds expended;

(d) Interim reports on activities which appear to warrant consideration or some coordinating action by the Advisory Board prior to the submission of annual reports;

(e) Draft copies of statements of work for contracts or grants, for information, review, and coordination;

(f) Final copies of statements of work referred to in paragraph (e) of this section, provided at the time of issuance;

(g) Brief statements of the subject matter, methodology, and objectives of unannounced or solicited activities approved for funding, at the time of award;

(h) Draft regulations or other requirements, guidelines, and standards for activities provided in timely fashion for review and coordination; and,

(i) Final copies of the materials referred to in paragraph (h) of this section, at the time of issuance.

§ 1340.4–4 Coordination Process.

(a) The Advisory Board shall be informed of all the planned activities reported to it pursuant to § 1340.4–3, in the context of the total Federal effort at both central and regional office levels.

(b) If the Advisory Board finds that the planned activities appear to represent an inappropriate duplication or overlap of efforts with another participating agency or that more effective coordination can be achieved, the Advisory Board, through Assistant Secretary for Human Development, shall bring such matter and its recommendations to the attention of the agencies involved. Those agencies shall expeditiously develop and report to the Advisory Board how they propose to coordinate their activities as well as a timetable for the actions proposed. In the event that there is an urgency for the rapid resolution of the problem, the Board shall set a deadline for the resolution of the problem.

(c) The Board shall report to the Secretary on a regular basis if there are inappropriate duplications or overlap of efforts in planned activities.

(d) Participating agencies shall encourage their regional office representatives to undertake joint planning and coordination of activities in their regions within the framework of national coordination under the Advisory Board, through such means as inter-agency committees and agreements.

CHILD ABUSE AND NEGLECT RESOURCE DEMONSTRATION (CANRED) PROJECT
90-C-411

Research Purpose:

To (1) evaluate and improve components of current Texas Department of Public Welfare (TDPW) case identification methods, specifically the Child Abuse and Neglect Report and Inquiry System (CANRIS) and the public information campaign; (2) design and test specific methodologies for protective service needs and resource assessments; and (3) design models for use by TDPW staff to develop and coordinate resources for services identified as needed for the prevention and treatment of child abuse and neglect.

Research Methodology:

The CANRIS evaluation involves survey research utilizing interviews, questionnaires, and case readings in an effort to determine if the registry system complies with its legal mandate and stated purposes. The public information campaign evaluation involves an experimental research design comparing experimental and control groups to evaluate the effectiveness of the public information campaign materials developed for 4 target groups. The needs and resource assessments involve exploratory survey research utilizing questionnaires, interviews, and case readings to develop a data base for identifying protective service needs and current and potential resources. These data will form the basis for the design of community resource development models in the project's 6 sample urban and rural counties.

Research Results:

The project is presently collecting and analyzing primary data. Results of the CANRIS evaluation, the public information campaign evaluation, and the analysis of the needs and resource requirements will be included in a phase 2 report.

Child Abuse and Neglect Resource
Demonstration (CANRED) Project
Texas State Department of Public
Welfare
3000 S. Interregional Highway
Austin, Texas 78702

Janne B. Dinges, Director

Funding	Project Period
$581,494	FY 1975-1978

A PROSPECTIVE STUDY OF THE
ANTECEDENTS OF CHILD ABUSE
90-C-424

Research Purpose:

To identify high-risk situations for abuse and neglect by studying certain characteristics of a group of pregnant women, the temperament of their newborn, and the reaction of mother and infant during the first year of life; and investigate the hypothesis that in situations where a mother's expectations are unrealistic and rigid the mother and infant will not interact in a synchronous fashion. This will place the child in a high-risk situation for abuse or neglect.

Research Methodology:

This investigation is a prospective, longitudinal study. The child-rearing attitudes and expectations of the mothers are obtained prenatally and 3 months after the infants are born. At 3, 6, and 9 months mother-infant interactions are observed and the infant's attachment to his mother are studied at 12 months. A scale was developed for determining abuse and neglect. All factors under study are viewed in terms of infant development and the rating scale. A sample of 225 mother-infant pairs will be studied.

Research Results:

Data collection continues, analysis and writing are in progress. Neither maternal or child personality characteristics predict abuse, but observation of mother-child interaction when child is three months old does allow for prediction.

University of Minnesota
School of Psychology
Training Program
N 548 Elliott Hall
Minneapolis, Minnesota 55455

Byron Egeland, Director

Funding	Project Period
$443,517	April 30, 1978

THE SOCIAL CONSTRUCTION OF CHILD ABUSE

90-C-425

Research Purpose:

To examine labeling and classification processes employed by individuals dealing with suspected cases of child abuse in an attempt to determine a common definition of abuse.

Research Methodology:

Opinions of physicians, social workers, elementary school principals, police officers, and elementary school counselors were assessed through questionnaires and in-depth interviews.

Research Results:

Analysis and writing being completed, report will be available.

Publications:

R. J. Gelles "The Social Construction of Child Abuse." American Journal of Orthopsychiatry, April 1975.

University of Rhode Island
Department of Sociology
Kingston, Rhode Island 02881

Richard J. Gelles, Director

Funding:	Funding Period
$49,089	December 31, 1977

CHILD ABUSE: A CONTROLLED STUDY OF SOCIAL, FAMILIAL, INDIVIDUAL, AND INTERACTIONAL FACTORS
90-C-426

Research Purpose:

To (1) determine the causes of child abuse; (2) explore the relationships between families characterized by child abuse and by drug abuse (heroin addiction); and (3) develop a list of factors correlated with child abuse and neglect.

Research Methodology:

Three samples of families are being intensively studied: (1) those in which a child has been abused or neglected; (2) those in which one parent is entering a drug treatment program; and (3) control families. Families in all 3 groups are matched for social class, race, age of mother, and age of child. The measures include assessments of the following: demographic factors, isolation stress, home environment, parent psychopathology, intelligence, knowledge of developmental norms, child-rearing attitudes, child behavior and development, discipline practices used, marital conflict, and parent-child interaction. The samples consist of 240 families (80 per group). When available, 1 sibling under 5 years old will be studied from each family.

Research Results:

Data analysis and writing in progress.

Children's Hospital
Family Development Study
3901 Beaubien Boulevard
Detroit, Michigan 48201

Raymond Starr, Director

Funding	Project Period
$[illegible]	March 11, 197[illegible]

AN INVESTIGATION OF THE RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND CHILD ABUSE AND NEGLECT

90-C-427

Research Purpose:

To (1) examine the distribution, frequency, and types of child abuse and neglect within a sample of alcohol and drug abusers; (2) investigate child abusers and substance abusers to see if there are common factors; (3) examine the relationship between stages in the cycles of drug and alcohol abuse (acquisition, ingestion), the adequacy of child care, and the presence or absence of child abuse and neglect; and (4) determine the extent to which social and situational factors associated with child abuse and neglect are operative among alcohol and drug addicts.

Research Methodology:

One hundred alcoholics and 100 opiate addicts with children under 18 will be given a structured interview designed to gather information on (1) demographic data, (2) history of drug and alcohol abuse, (3) childhood history, (4) care, abuse, and neglect of children, and (5) the relationship between stages in the cycle of alcohol or opiate abuse and child care, abuse, and neglect. Subjects will also complete the following measures: (1) Minnesota Multiphasic Personality Inventory, (2) Survey on Bringing Up Children (Ray Helfer, M.D.), and (3) The Schedule of Recent Experience (Thomas Holmes, M.D.).

Research Results:

Data analysis and writing in process.

Washington Center for Addiction
41 Morton Street
Boston, Mass. 02130

Rebecca Black, Director

Funding	Project Period
$379,068	June 29, 1978

AN INVESTIGATION OF THE
EFFECTS OF A MULTIDIMENSIONAL
SERVICE PROGRAM ON RECIDIVISM
OR DISCONTINUATION OF CHILD
ABUSE AND NEGLECT
90-C-428

Research Purpose:

To identify and investigate recidivism or discontinuation of abuse or gross neglect in families who have received varying types of intervention services through the child abuse prevention program in the Lehigh Valley since 1968. The research is broadly focused on assessing the social, psychological, and ecological conditions of parents cited in the past for abuse or neglect.

Research Methodology:

All families cited for abuse or neglect since 1968 have received services from the Children's Bureaus of Lehigh and Northampton counties will be interviewed extensively to determine current and past status on the social and psychological dimensions hypothesized to be related to abuse or neglect. Considerable attention is devoted to methods of discipline. The types and amounts of services received are also determined as are the respondent's perception of the usefulness of these services. Approximately 380 adults will be interviewed.

Research Results:

Data are being analyzed. Preliminary findings indicate high rates of reabuse. About one-third had prior incidents, 25 percent are recited officially, while case records indicate that some reabuse occurs in sixty-five percent of cases while in treatment. Final report available April 1978.

Lehigh University
Center for Social Research
10 West Fourth Street
Bethlehem, Pennsylvania 18015

Roy C. Herrenkohl, Director

Funding	Project Period
$210,153	September 1977

CHILD ABUSE AND NEGLECT
MEASUREMENT AND MACROEVALUATION
PROJECT
90-C-430

Research Purpose:

To develop an evaluation design and instrumentation for the summative (outcome) evaluation of child abuse and neglect services, including a series of demonstration programs currently funded by the National Center on Child Abuse and Neglect; and develop a model and methodology for macroevaluation of child welfare problems.

Research Methodology:

Measures are being developed following conventional psychometric procedures. The model of macroevaluation is being developed conceptually.

Research Results:

A report of a survey of available measures for evaluation of child abuse and neglect programs was completed. Reports are also available on a critique of Goal Attainment Scaling and a proposed alternative and an assessment of behavioral assessment techniques as program evaluation tools.

University of Washington
Center for Social Welfare Research
1417 N.E. 42nd Street
Seattle, Washington 98195

James R. Seaberg, Director

Funding	Project Period
$380,000	FY 1975-1977

THE APATHY-FUTILITY SYNDROME
IN CHILD NEGLECT: AN URBAN
VIEW
90-C-442

University of Pennsylvania
School of Social Work
3701 Locust Walk C3
Philadelphia, Pennsylvania 19175

Norman A. Polansky, Director

Funding	Project Period
$346,325	December 14, 1977

Research Purpose:

To explore the causes of neglect within the neglectful family and the immediate forces impinging upon the family.

Research Methodology:

By comparing 50 neglectful families with 50 families not known to be neglectful in attitudes, social histories, and home environment, differences between the groups may be distinguished. Complete batteries of clinical psychological tests will also be administered. All families under study will be Caucasian, low-income, from metropolitan Philadelphia, and with a child in the home aged 4 to 7 years.

Research Results:

Preliminary results indicate that urban neglecting families are very similar to those in rural areas. It is a characteristic of the total personality and while amenable to treatment will require a long term intervention and support services.

SOCIAL INTERACTION PATTERNS
RELATING TO CHILD ABUSE AND
NEGLECT
90-C-445

Pennsylvania State University
Institute for the Study of
Human Development
University Park, Pennsylvania 16802

Robert L. Burgess, Director

Funding	Budget Period
$356,464	June 29, 1978

Research Purpose:

To determine whether specific interaction patterns distinguish child-abusing families from nonabusing families.

Research Methodology:

Observations are made in homes of abusive, neglectful, and matched control families. The Behavioral Observation Scoring System has been adapted for data collection. Questionnaires are administered to parents to determine the effect, if any, of factors of stress, parental health, and change in abuse pattern in the family.

Research Results:

Programs for analyzing the data are being developed; the sample is being enlarged; and a longitudinal analysis of a few selected families is planned. As a result of analysis of data currently available and field experiments in 1976-1977, an intervention program will be developed, implemented, and evaluated in 1978.

AN EXPLORATORY INVESTIGATION OF
POTENTIAL SOCIETAL AND
INTERFAMILIAL FACTORS
CONTRIBUTING TO CHILD ABUSE AND
NEGLECT
90-C-448

National Council for Black
Child Development, Inc.
1411 K Street, N.W., Suite 500
Washington, D.C. 20005

Eugene Beard, Director

Funding	Project Period
$473,480	August 30, 1975

Research Purpose:

To (1) identify stressful conditions and institutions which, impacting on the Black community, may lead to child abuse; (2) isolate dominant familial characteristics involved with child abuse; and (3) describe potential correlations which may illuminate child abuse variables.

Research Methodology:

Data on families will be obtained from court records, police files, and the Department of Human Resources. The probable study population will be 100 families who have adjudicated. Analysis will be made to determine if there are significant patterns which characterize Black families.

Research Results

Analytical and evaluative instruments are in the process of development. An agency profile has been conducted to determine information sources for the next phase of the study which is data collection.

SAN ANTONIO CHILD ABUSE AND
NEGLECT RESEARCH PROJECT
90-C-451

Research Purpose:

To investigate the relationship between child abuse and child neglect and drug abuse.

Research Methodology:

Data will be gathered from interviews and questionnaires given to 5,000 adults divided into groups of (1) child abuse and child neglect parents; (2) substance abuse parents; and (3) general population of parents (normal control group). Instrumentation is developed and preliminary data collection began in May 1976.

Research Results:

Data Analysis is in progress.

Mexican American Neighborhood
Civic Organization (MANCO)
118 Broadway, Room 327
San Antonio, Texas 78205

Dario Chapa, Director

Funding	Project Period
$416,318	June 30, 1978

HAWAII FAMILY STRESS CENTER
90-C-389

The overall goals of the Hawaii Family Stress Center are:

To demonstrate innovative approaches in dealing with child abuse and neglect.

To identify gaps in service and develop new resources.

To facilitate closer coordination of all services.

The Center has been quite successful in the first two areas. It has, for example, facilitated case coordination among a number of community agencies in cases which involved the Center staff.

Establishment of a comprehensive system of formally linked resources, as originally envisioned, is feasible but will require more time than has been available under this grant.

The basic philosophic and service approach of the Center has been to prevent abuse and reabuse of the child by focusing intervention upon those family needs and stresses which precipitate abuse. In both training and service, the Center has focused upon the dynamics of abuse, such as:

Socioeconomic background of the family.

Present life circumstances.

Cultural factors.

The role of the helping person in dealing with abusive and high risk families.

Specific services include:

Direct services to abusive and high risk families are provided by a paraprofessional team of 13 community outreach workers who:

Are available for crisis calls 24 hours a day, 7 days a week.

Lessen client isolation by participating in social activities with the client.

Act as "parent-role model" to teach parenting and home management skills.

Link the family to other community resources.

Act as liaison between the family and the professional case manager, such as, a social worker, public health nurse, or doctor.

Prevention efforts. The Center believes that preventive measures provide the most effective approach for breaking the cycle of abuse and neglect and that prevention is more economical than treatment after abuse has occurred. The project, therefore, has established an early identification project for screening of high-risk families at Kapiolani prenatal clinic; a predictive check list to aid in determining high risk of abuse and neglect is utilized.

Follow-up service is provided through a subcontract with a Home Visitor program (Hana Like). The Home Visitor provides high risk families with supportive services such as:

Providing initial emotional support.

Working with the parent to facilitate development of positive parent-child bonding.

Encouraging participation in group activities to reduce isolation.

Linking families to needed community resources.

A rural family service center, Hale Lokahi, provides the following services through a sub-contract:

Individual and family counseling.

Group therapy for adults and children.

Involvement of clients in program planning and the treatment process

Coordination of efforts of various organizations that provide services to families.

Linkage to other community resources.

A shelter, under a sub-contract, for abused spouses and children provides shelter, informal counseling and referral to other resources.

Legal consultant services, provided by a lawyer experienced in child abuse and neglect court cases, include:

Guardian ad litm services for difficult or special court cases.

Consultation services seeking to improve the legal systems management of child abuse and neglect cases.

Development of a curriculum for training of social workers in legal aspects of child abuse.

Training sessions with social workers utilizing the curriculum.

A training curriculum in the form of a manual has been developed on the dynamics of abuse and neglect. The Center has used this curriculum to:

Train over 220 professional and paraprofessional workers in the dynamics of child abuse and neglect, and to work with abusive parents.

Train over 800 persons representing varied groups such as Head Start parents and teachers, day care personnel, and interested community persons. This training is usually conducted in one or two-day workshops.

In-service training for staff and subcontract personnel.

Significant accomplishment include:

Conducting an evaluation of the Department of Social Services Children's Protective Service investigative unit on Oahu.

Initiating a contract with the Region IX Resource Center at California State University for technical assistance; training has also been extended to the neighbor islands in conjunction with this project.

Establishing a State Council on Child Abuse and Neglect with representation from all major islands. Major goals of the Council are advocacy and resource development in child abuse and neglect.

Conducting successful legislative activity including initiation of legislation amending the child abuse reporting law to include psychological abuse and an appropriation to support some components of the Hawaiian Family Stress Center program.

Securing a Title XX contract for the paraprofessional program working with confirmed cases.

The Center has established working relationships and leadership credibility in the community, training, community workshops and establishment of effective services.

Kauikeolani Children's Hospital
226 N. Kuakini Street
Honolulu, Hawaii 96817

Charles Wohtky, Director

Funding	Project Period
	FY 1974 - 1978

CHILD AND FAMILY ADVOCATES
DEMONSTRATION PROJECT (CFAE)
90-C-390

This project seeks to demonstrate that an organization with a very small staff (five persons) can effectively deal with the problem of child abuse and neglect by contracting with various community agencies to provide a comprehensive array of services. Efficient case management and effective coordination based on:

Strict financial control through a voucher system which does not pay the agency until the agreed upon specific services have been performed. This also helps to insure prompt service.

Regular monthly client reports.

Monthly meetings with all participating agencies.

A tracking process helps to insure that no client gets lost in the process.

It deals with all forms of child abuse and neglect and all the various factors contributing to child abuse and neglect.

Specific services include:

Counseling with emphasis on outreach efforts. About 40% of the counseling takes place in client homes.

Training for day care and school personnel.

Homemaker services.

Day Care.

Parental Stress Services.

24-Hour Help Line.

Parent Self-help Services.

Child Care.

Short term emergency shelter services for children.

Legal Services.

The project has an agreement with the Illinois Department of Children and Family Services to investigate all reports of child abuse and neglect from schools and day care centers within Evanston.

There are no planned changes in program operation for the final year of funding.

Significant products include:

The principal products are a number of "how-to" manuals that deal with child abuse and neglect prevention, identification and treatment.

Significant accomplishments include:

Establishment of a pilot emergency shelter to recruit and license independent shelter homes for neglected juveniles.

Provision of monthly training sessions for counselors, lay volunteers and Parnetal Stress, Inc. staff.

Provision of training workshops for day care center and nursery school personnel.

Provision of training and education sessions for personnel of School District #65.

Establishment of a procedure for testing three to six months treatment techniques and an active follow-up program.

Establishment of a formal procedure for reporting abuse and neglect within the Evanston School System.

Child and Family Advocates
845 Chicago Avenue
Evanston, Illinois 60202

James A. Bogle, M.A., Director

Funding	Project Period
$147,748	FY 1976 - 1978

METROPOLITAN AREA PROTECTIVE SERVICES PROJECT (MAPS)
90-C-393

The MAPS Project seeks to develop a model network of comprehensive and coordinated services that will be fully accessible to families with child abuse and neglect problems.

Services must be coordinated; and cases must be monitored from start to finish to insure that no client falls between the cracks. This can be done most effectively if service is organized, not around specific problems but around families.

The Project concentrates on severely physically abused, severely neglected, and sexually abused children coming from multiproblem families. The program deals with all factors leading to child abuse and neglect, including those related to immediate life circumstances: poverty; unemployment; single parent status; social, racial and ethnic discrimination; and substandard housing.

The Project uses contractual agreements with 17 private and 6 public social service agencies in the northern Chicago area. The Center staff performs investigation, diagnosis, assignment, monitoring and coordination services.

Specific products include:

Medical treatment.

Counseling

Emergency shelter for children.

Homemaker service.

Day care.

Foster care.

In-service training and community education.

Community education.

Public awareness.

The Project plans no major changes in its final year of funding.

Significant products include:

A series of public awareness pamphlets in English and Spanish.

A half-hour training film stressing coordination of services and the needs of the abusing parent.

Significant accomplishments include:

Establishing a model in which services can be rendered quickly and effectively, and in an integrated manner.

Development of a service concept that promotes cooperation between agencies in problem-saving and mobilization of services.

Development of a continuous communication/education system to insure that the basic philosophy and approach is understood at every level: by administrators, program people and social workers in the agencies with which MAPS works.

Conducted a series of workshops for agency and hospital personnel.

Gathered data on child abuse and neglect in the MAPS geographic area.

Metropolitan Area Protective
Services Project (MAPS)
1630 West Armitage Avenue
Chicago, Illinois 60622

Dennis F. Deprik, M.S.W., Director

Funding	Project Period
$231,750	1976-1978

URBAN INDIAN CHILD RESOURCE CENTER
90-C-394

A multi-tribal, all Indian staff is used to bridge the gap between the needs of Indian families and the white social work system in order to prevent and treat child abuse and neglect among Indian families.

It provides access for Indian families to the public and private family services available in the Oakland area.

The primary problem here is that Indian families have a difficult time adjusting to both a highly industrialized, competitive urban setting and to a strange and generally hostile white environment. The result is dislocation, a lack of ethnic and cultural identity and an inability to cope with new and strange problems.

The project is concerned with all forms of child abuse and neglect, but is particularly concerned with those that have to do with cultural factors, immediate life circumstances and social institutional factors.

Specific services include:

The Center provides direct services and makes referrals to a coordinated system of public and private agencies.

Direct Services, provide through its Family Representatives, include counseling, homemaker services (through parent aides); prevention activities through education and the organization and maintenance of a community Family Support Network.

The Center's Family Representatives interpret their people and their needs to white agencies. They are familiar with and can draw upon available resources. They can also help white social service agencies to understand how to work more effectively with Indian families. The project has also been active in securing Indian foster homes.

Parent effectiveness training for parents and teen-age girls.

Sensitivity training sessions to help white social workers better understand Indian families and their needs.

Coordination of various services from public and private agencies through the project's Family Representatives; as a result, the client-family deals primarily with one person.

Provision of special Indian medical help through Medicine Men, where appropriate.

Legal representation in connection with adoption cases.

During the coming year, the project will continue to narrow its focus and concentrate on child abuse and neglect cases; it will refer other child welfare needs to other agencies.

Significant accomplishments include:

Establishment and maintenance of a functioning Family Support Network.

Cooperation and close coordination with other public and private CPS agencies.

Development of a multidisciplinary approach to case work.

Establishment of a program to identify and license Indian foster homes.

Implementation of an improved personnel policy system.

Development of a comprehensive runaway prevention program.

Sponsorship of an Indian interagency conference to explain project activities to other community agencies.

Establishment of parent effectiveness training programs.

Conduct of workshopn on sensitivity training for non-Indian social workers.

Indian Nurses of California, Inc.
390 Euclid Avenue
Oakland, California 94610

Omie Brown, Project Director

Funding	Project Period
$550,000	FY 1974 - 1978

CHILD ABUSE AND NEGLECT DEMONSTRATION ORGANIZATION (CAN-DO)
90-C-395

It works closely with the Texas State Department of Public Welfare's organizations in seven counties. When necessary, it buys services from existing public and private social service organizations; it makes extensive use of well-trained volunteers.

Coordination and a system for keeping track of clients helps to bring together the total resources of the community, including State, private and volunteer.

The project deals with all forms and causes of child abuse and neglect. Special emphasis is given to prevention.

CAN-DO provides no direct treatment services, but, through some 40 trained volunteers (Volunteers in Action/Family Focus), services such as transportation, tutoring and babysitting are provided.

Specific services include:

An extensive public awareness and community education program involving a quarterly newsletter; a library; and mass media, including television, radio, newspapers and posters. Special pamphlets are also developed.

Prevention programs with special emphasis for high school students.

Professional education programs for law enforcement personnel, day care personnel, teachers, and administrators and medical personnel.

Training for parents, social service workers and foster parents.

Emergency Foster Care.

Foster home recruitment, training and support program.

A Family Focus Program which is concerned with prevention.

Transportation.

Coordination of the state and contract-agency services.

The project plans no major changes in its operation.

Significant products include:

A quarterly newsletter.

Television and radio spots.

Billboard posters on foster parenting.

Photographs of project activities.

Two slide/tape presentations.

Pamphlets on CAN-DO activities

A library with materials available on a loan basis.

Completed script for a reader's theatre performance.

Series of overhead projector presentations on the seriousness of child abuse and neglect and available resources.

Basic course outline and materials for parent training.

Course, with appropriate materials, on prevention--primarily for high school students.

Video taped parenting curriculum produced in conjunction with a graduate school of social work.

Significant accomplishments include:

Establishment of a multidisciplinary advisory team and a multidisciplinary approach to child abuse and neglect problems.

Development of effective coordination and followup system for child abuse and neglect cases.

Establishment of a residential evaluation and treatment program, primarily for adolescents needing more intensive mental health evaluation and care; can be provided on an outpatient basis.

Establishment of a Delayed Development Program to assess and treat children referred by the Department of Public Welfare who are exhibiting developmental problems as a consequence of child abuse and/or neglect.

Presentation of 209 prevention programs, primarily for high school students' 6,490 students and teachers have taken part in these.

Establishment of a statistical information system for the region; statistics are also kept on various CAN-DO activities and the number of people reached.

Establishment of Volunteers in Action with 27 direct and indirect service volunteers.

Establishment of the Family Focus Program, a primary prevention program designed to identify and help high risk families. Volunteers play a key part in this service.

Setting up an emergency Crisis Shelter Program for children.

Conducting a campaign to recruit foster parents; one of the problems here is that 45% of the population in the seven counties is military-related and subject to transfer; therefore, the number of foster homes is limited. Annual campaigns are conducted to recruit foster parents.

Formation of a foster parent association and establishment of support programs for foster parents.

Setting up a transportation system using volunteers and cab companies whose services are paid for by CAN-DO.

Central Texas Council of Governments
P.O. Box 729
Belton, Texas 76513

Jack Know, Director

Funding	Funding Period
$525,000	FY 1974 - 1978

THE BEDFORD-STUYVESANT FAMILY SERVICES PROGRAM
90-C-396

Crisis intervention is furnished through trained homemakers who will get the immediate situations under control and see that families obtain other needed services, such as medical, food, housing, counseling and employment.

The project deals with all forms of child abuse and neglect, but is primarily concerned with prevention. It has an unusually large number of self-referrals.

It deals with all factors which may cause child abuse and neglect, but is particularly concerned with those related to immediate life circumstances and social institutional factors.

The program provides some direct services itself; it arranges for others through community social service agencies. It also provides coordination and follow-up of these services.

Specific services include:

- Case management, including intake, assessment, and review.
- Direct services to families including:
  - Homemaking services.
  - Individual and family counseling.
  - Crisis intervention.
  - Transportation.
  - Emergency funds.
  - Diagnostic assessments and direct treatment of children.
- Community education and public awareness.
- Efforts to effect changes in local, state and federal legislation.

Significant products include:

- An interagency directory for use by staff and clients.
- An emergency services guide.

Significant accomplishments include:

- Designed and carried out new staffing pattern.
- Completed an administrative assessment of staff turnover.
- Designed two new data collection forms.
- Established expanded helpline services to 24 bases.
- Established trained homemaker program as key factor in helping client families.
- Coordinated services in formerly fragmented methods of providing services.

The Wiltwyck School
1239-41 Fulton Street
Brooklyn, New York 11216

Ruth Penderton, Director

Funding	Project Period
$257,281	FY 1976 -1978

A DEMONSTRATION CENTER FOR CHILD ABUSE AND NEGLECT

90-C-397

Emphasis is on providing resources and services that will enable the family to function more effectively.

The Center makes extensive use of paraprofessionals to provide therapy and counseling to families in distress. Intensively trained, these paraprofessionals are friends and advisors and help to see that families get what they need.

The project either provides the necessary services or arranges for them through other agencies; in the latter event, it provides coordination and followup.

Most referrals come from the hospital, but many come from other community agencies and there are some self-referrals.

All kinds of child abuse and neglect are handled and the various factors which contribute to child abuse and neglect are considered. Particular attention is given to those connected with immediate life circumstances and those directly related to social institutional elements.

Specific services include:

Diagnosis and assessment of the child and the family's structure and ability to function.

Crisis counseling.

Ongoing therapy.

Provision of facilities and assistance in forming and continuing parent self-help groups.

Direct services to families including home visits; education in child care skills, parenting education, housekeeping and budgeting; transportation; help in securing employment; and legal advocacy.

Community education efforts.

Diagnostic psychiatric evaluations to parents and children.

During the year ahead, the Center plans to continue its present activities and give increased attention to parent-child interaction in therapy.

Significant accomplishments include:

A parents group which meets monthly.

Legal services offered in connection with a local child advocacy project.

Provision for referrals of abused spouses.

Educational programs to increase awareness both in the hospital and general communities.

Intensive support services.

A system to identify high risk families who may need intervention.

Family Resources Center
St. Christopher's Hospital for
Children
2600 North Lawrence Street
Philadelphia, Pennsylvania 19133

Odile R. Childress, M.S.W., Director

Funding	Project Period
$190,000	FY 1976 - 1978

CONNECTICUT CHILD ABUSE AND NEGLECT DEMONSTRATION CENTER

90-C-399

This is a community hospital-based project which operates as a unit in the state Protective Services Division of the Department of Child and Youth Services. This project aims to provide a comprehensive range of child abuse and neglect prevention and treatment services. It is demonstrating that one effective way of achieving this is to provide some services and contract for others with public and private agencies. Coordination and follow-up is part of the operation.

The agency handles all cases referred by Mt. Sinai Hospital as well as from other agencies in the 15 township area which it serves. It deals with all forms and causes of child abuse and neglect. These causes can be a combination of cultural factors, immediate life circumstances, social institutional or personal factors.

The project offers diagnostic, emergency and short term intensive treatment services to children and families.

Specific services include:

An emergency shelter with seven beds for children and four apartments for families.

An emphasis on strong, professional case management.

Workshops and training for its own staff and for other protective service workers.

Self-help groups for parents.

Provision of medical, psychiatric, and legal help for clients.

24-Hour Help-line coverage.

Two new program components are weekend retreats for abusing families and Grand Rounds. Ground Rounds is a monthly case review process in which professionals and others interested in child abuse and neglect participate in discussion sessions with a leading figure in the field or specialists in some phase of the work. Grand Rounds is a community-wide effort to bring together professionals from various organizations and disciplines who are involved with child abuse and neglect. It is also an important public awareness activity.

No major changes are contemplated in next year's program.

Significant products include:

Videotapes of some of the projects more unusual aspects such as the Grand Rounds and weekend family retreat program have been produced.

Significant accomplishements include:

Development of effective case management procedures.

Organizing and coordinating a network of agencies to provide a comprehensive range of services for both children and families.

Provision of direct patient care and training and education.

Conducting regional workshops.

Organizing a self-help group for parents.

Connecticut Department of Children
and Youth Services
94 Branford Street
Hartford, Connecticut 06112

Norma Totah, A.C.S.W., Director

Funding	Project Period
$243,869	FY 1976 - 1978

THE FAMILY DEVELOPMENT PROGRAM
90-C-400

A wide range of services is provided by working within the established social work system as much as possible, and moving to fill gaps in the system when necessary.

The Program arranges for most services through the existing community network in the Newark area, working closely with the New Jersey Division of Youth and Family Services. It also provides some services such as family life education, counseling and psychotherapy, and homemaker services. Training and program consultation are also provided to staff and students in the medical school and teaching hospital of the sponsoring organization. Training and consultation are also offered to community agencies to help develop and/or improve the community protective service system. The proejct accepts all types of child abuse and neglect cases. Most of its referrals come from Martland Hospital; but some are received from other community agencies.

The program deals with various factors which can contribute to child abuse and neglect.

Specific services include:

Intake, evaluation and preparation of a coordinated service plan.

In-house training for hospital staff and students.

Training and program consultation for community agencies and organizations.

Family life education.

Counseling and psychotherapy.

Homemaker services.

Medical services.

Emergency shelter services through the public child welfare agency.

Crisis intervention.

Community awareness and public education activities.

Technical assistance in connection with the passage of legislation.

No major changes in operations are planned in the project's final year.

Significant accomplishments include:

Project has become an accepted part of the community protective service system and is receiving an increasing number of requests for assistance.

More than twice the number of child abuse and neglect families are identified than were in the same population before the project. This does not include parents reached in preventive activities such as those in the neo-natal clinic or in a local residence for teenage mothers.

Project has gained greater access to the formal training of students and staff in Martland Hospital.

Has achieved extremely low recidivism rate. Early estimates indicate two to four percent, compared with an estimated 14 percent for the state.

Identified and filled gaps in service caused by cutbacks in public funds; services of homemakers and paraprofessionals are examples.

Development of increased public awareness about child abuse and neglect, and available services.

Provided 1500 hours of training and over 800 hours in community education, consultation and public awareness.

Increased cooperation among the involved agencies.

Played key role in development of a comprehensive emergency network in Newark.

Played significant role in the fight to oppose pending legislation which would return reporting of child abuse and neglect to law enforcement agencies.

Provided program consultation to local community mental health center.

Established self-help groups.

The Family Development Program
215 Central Avenue
Newark, New Jersey 07103

John G. Cosgrove, Director

Funding	Project Period
$280,000	FY 1976 - 1978

CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER-CHILD ABUSE AND NEGLECT MODEL CENTER

90-C-401

A highly trained, highly motivated, well-paid staff with a relatively small caseload (10 cases) per staff member provides a productive way to deal with the problem of child abuse and affords a cost-effective solution as well.

Most referrals come from the hospital which means that the majority of the Center's treatment cases are children with severe physical injury. (28% of them are hospitalized.) In addition, the Project provides mental health evaluations on contract for the Family Court.

Considerable experience is also being gained in treating sexaul abuse cases. One-fourth of the children dealt with are suffering from sexual abuse or veneral disease.

In addition to traditional psycho/social services, treatment may include home visits and observation of the children on wards or at school.

Basic staff functions are rotated among staff members. This means that all members of the multidisciplinary team are exposed to other duties in addition to their primary assignments.

The hospital provides medical care to injured children. The Center's principal efforts, however, are directed toward helping the family

These include activities to reduce stress and help the family to achieve more stability.

Support is provided for the family from intake and court appearance, and until the family's most immediate serious difficulties are under control.

Specific services include:

Medical care.

Individual, couple, family counseling.

During legal process, family support.

In securing employment, financial assistance, housing, day care, transportation.

24 hour telephone consultation service to professionals and clients.

24 hour on-call medical service.

Community education.

Child advocacy.

Changes in types of activities for next year include greater emphasis on reuniting families and more training in child abuse and neglect for hospital professionals.

Significant products include:

A manual, Hospital Guidelines for Care and Management of the Hospitalized Abused Child.

A symposium on sexual abuse of children for the Federal Bureau of Investigation and edited for planned publication by the Administration for Children, Youth and Families.

Participation in production of sexual abuse film, Sexual Abuse - The Family, for the National Center on Child Abuse and Neglect.

Significant accomplishments include:

Sponsorship of National conference on child abuse and neglect in Washington in February 1977 and publication of proceedings.

Conducted corporal punishment workshops sponsored by the Office of Education.

Developed a pilot family-treatment program in a foster care institution.

Initiated a model records system to facilitate tracking of clients through the system, and to aid in clinical placement and decision-making.

Children's Hospital National
Medical Center-Child Abuse and
Neglect Model Center
2012 11th Street, N.W.
Washington, D.C. 20009

Mary Holman, Director

Funding	Project Period
$927,958	FY 1974 - 1978

FAMILY RESOURCE CENTER
90-C-405

Direct services, referrals to other agencies, and community education and organization are provided for children and their families. It receives every report on child abuse and neglect made in Bernalillo County which has 40% of the population of New Mexico.

The project deals with all forms of child abuse and neglect; it is concerned with all of the various factors involved in causing child abuse and neglect among the white, Anglo and Indian families.

Specific services include:

Therapy.

Casework activity that permit clients to receive financial assistance, employment counseling, foster care, and transportation.

Homemaker services.

The Center also makes referrals for all of the above services as well as for health counseling, family planning, welfare assistance and medical care.

In the past, staff has concentrated on dealing with parents. Now the Center offers a day treatment program for mildly disturbed children.

In association with the County Social Services Agency, children are provided with day care, foster care, residential treatment and medical care. Children are also referred for specialized evaluation and therapy.

The project conducts public awareness and community education programs through the use of mass media, speaking engagements, and training sessions for various professional groups such as law enforcement personnel, social workers, nurses and pediatricians.

There are no major changes planned for the project's final year of funding.

Significant accomplishments include:

Installation of 24-hour emergency service system.

Initiation of child therapy program.

Development of more refined case planning system.

Implementation of volunteer program.

Expansion of multi-disciplinary program involving consultation with other state and community agencies.

Establishment of wide-range community and professional public education program.

New Mexico Social Service Agency
8016 Zuni Street, S.E.
Albuquerque, New Mexico

Wayne Holder, Director

Funding	Project Period
$886,568	FY 1974 - 1978

401

FAMILY STRESS CENTER
90-C-406

The basic approach of this project is characterized by a belief in the importance of prevention activities; the goal is to work with the family before it gets caught up in the public child protective service system. The principal means to achieve this is community education, with particular emphasis on mass media public awareness programs. This is backed up by immediate crisis intervention. Programs are non-punitive in approach and make known the various resources available for family help. More than one-half of the Center's families have referred themselves for services.

The project addresses all forms of child abuse and neglect, but its main emphasis is on treatment and prevention activities. It is concerned with all factors which may cause child abuse and neglect, but emphasizes those connected with immediate life circumstances such as marital difficulties, economic factors, unemployment, racial or ethnic discrimination, substandard housing, and inadequate preparation for parenting.

The Center provides a wide range of direct services; it also makes referrals to other agencies.

Specific services include:

Crisis intervention.

Operation of 24-hour emergency intake service.

Emergency caretaker and foster care services.

Emergency medical services.

Day care center.

Parent aides.

Outreach services.

Individual therapy for adults and children.

Family therapy.

Couples' counseling.

Parent-child workshops.

Parent-toddler groups.

Mothers and post-partum groups.

Transportation to services.

Assistance to newly forming Parents' Anonymous groups.

Training and staff development on such subjects as family stress reduction, family planning and positive parenting.

Resource Center with articles, books, films, and cassettes available to the community.

The project plans to continue the same general activities for the next year.

Problems include lack of public knowledge on how to reduce family stress and on proper child rearing practices. Another problem has been the difficulty in recruiting and keeping qualified parent aides.

Significant products include:

An article on student interns in the Fall 1976 issue of Synergist.

An article entitled, "Helping Victims of Stress," published in the National YMCA Magazine, YMCA Today.

The official project description, which is made available to people seeking information about Family Stress Center.

Copies of TV and radio spots as well as printed material.

Significant accomplishments include:

A self-referral rate of approximately 60% as a result of a nonpunitive, positive public awareness program with the necessary back-up services.

Establishment of coordinated programs and activities with the San Diego County government, Salvation Army, Juvenile Hall, YMCA branches throughout San Diego County, and the Hillcrest Receiving Home.

Staff development training programs for various groups, including the Camp Pendleton Marine Base.

Establishment of innovative groups including programs for mothers who have just had babies; stress reduction groups; adolescent groups; mothers' group, latency age group, women's support group; and parent participation groups.

Development of an administrative system whereby all staff members have both administrative and programmed duties to help prevent "burn-out" and to provide more effective service.

YMCA Human Development Department
577 Third Avenue
Chula Vista, California

Gary D. Matthies, Project Director

Funding	Project Period
$520,542	FY 1974 - 1978

MIGRANT CHILD ABUSE AND NEGLECT PREVENTION PROJECT

90-C-621

The most effective way to deal with child abuse and neglect among migrant families is to develop a system to extend protective services to migrant families at their home bases; and to provide continuity in services while the family is moving from state to state.

The Council works to bridge the gap between the needs of migrant families and the established Child Protective Service agencies in the various states involved.

Since the services provided must be consistent with the culture and life-style of the families, the project emphasizes the importance of the extended family.

During the summer, staff members provide service programs (e.g., Head Start) and move with the families. When additional services are needed, the Council relies on the network of support services which it has developed in the states, which utilize migrant labor.

The project addresses all forms of child abuse and neglect.

Neglect is apt to be a more serious problem than abuse. Previous to the existence of the project, very limited or no services were available to migrant families; many of the children are too small to work and have to be left during the day without proper care.

The project is very much concerned with cultural factors and with immediate life circumstances that cause abuse and neglect. Social institutional factors, such as the overall migrant labor system are also important.

The emphasis is on prevention and to educate parents on the causes of abuse and some of the alternatives available in bringing up children.

Specific services include:

Identification and intervention in cases of child abuse and neglect.

Public and professional awareness programs.

Encouraging the use of the extended family to deal with the problem.

Providing emergency child care services.

Providing social service workers in the field to assure continuity of services.

Providing medical and therapeutic services as well as homemaker services.

Providing funds for emergency medical services.

The project intends to continue these same types of activities in the year ahead. It will also sponsor a National Conference in 1978 to deal specifically with child abuse and neglect among migrant families.

Significant products include:

Basically, the project results in services. It has developed formal policies and procedures to help the various states and agencies involved work more effectively with migrant families.

Significant accomplishments include:

Setting up a system whereby the care which has begun at the migrant family's home base is continued in the field (or vice versa).

Sensitizing user states to migrant child abuse and neglect problems.

Arriving at formal arrangements with states to provide services.

Establishing child abuse councils to involve concerned citizens in the solution of problems.

Training social service workers so that they can better understand and deal with the problems of migrant workers.

Texas Migrant Council, Inc.
P.O. Box 917
2220 Station Ursula
Laredo, Texas 78040

Abdon Ibarra, Director

Funding	Project Period
$549,336	FY 1975-1978

COOK INLET NATIVE ASSOCIATION
CHILD ABUSE AND NEGLECT PROGRAM
90-C-622

Native Americans in Anchorage, newly arrived from small towns and villages, are often unprepared for the economic and competitive pressures and general life style of white society. The CINA Child Abuse and Neglect Program seeks to prevent, identify and treat child abuse and neglect by helping Indian people to deal with these city conditions.

One of the most important needs is to restore the system of the extended family which was an integral part of life in the villages; it is lost when the family moves to the city.

The child abuse and neglect program is one of a series of activities carried on by the Cook Inlet Native Association, which was founded in 1964 as one of the first native associations in Alaska.

The association operates a number of programs designed to enhance appreciation of native culture, and organize activities and programs to meet the social and economic needs of native Alaskans.

Examples of other programs include a comprehensive manpower program which provides both job training and placement; a boarding home program to assist native students to leave their home villages to attend high school; a youth center in Anchorage; a driver education program; a village health aid program.

There is little abuse here of native children by their parents. The most serious problems develop from neglect. Much of the neglect problem is directly related to the destruction of the extended family or kinship supports. When parents move with the children into Anchorage, they are not culturally prepared for continuous and sole responsibility for children.

In general, the causal factors of most concern are those related to cultural factors, immediate life circumstances and social and institutional factors. One of the leading causes of stress is social isolation.

The project provides some services itself, other through referrals to various state and private agencies.

A key factor in the Project's child abuse and neglect program is the use of family aides who play a major role in creating a bridge between the lonely, isolated family and the supporting community. Family aides, work part-time with client families and provide highly skilled lay counseling, based upon training provided by CINA. In addition, they provide transportation, home visits, and assistance in locating native-related recreational and cultural activities.

Family aides also substitute for extended kin members who are not present in Anchorage. These aides are literally a substitute extended family and constitute a major part of an overall "caring community." The project operates on the premise that support for parents and children must come not only from a "helping agency" but from a "community that cares."

Specific services include:

Investigation, identification, evaluation and treatment of case reports.

Cooperation and coordination with other service agencies such as the Alaska Native Medical Center; the parent organization, CINA; and the State Division of Social Services.

Community development and education.

Increasing the number of Indian foster homes.

Insuring that efforts to help children and families in distress are fully integrated with other CINA programs and with other agencies in the Anchorage community.

Training is for both family aides and for white social workers so that they can better understand and more effectively assist native American families

Referral to other appropriate agencies.

The project intends to continue the same types of activities during the next year.

Significant accomplishments include:

Development of the Family Aide Program to replicate the extended family within the urban setting.

Establishment of the child abuse and neglect program as one that can be trusted by the native American families. The identification developed between the individual native family and the project is so strong that many families stay in the "network" and recruit other families.

Helping the designated state agency to become more aware of and sympathetic to native cultural traditions and life styles.

Initiation of classes on positive parenting both for client families and the general public.

Initiation of infant stimulation classes in conjunction with the Alaska Native Medical Center.

Development of greater community awareness of the seriousness of the problem of child neglect and the help sources available.

Achievement of greater coordination between the native American family needs and the various white social work agencies.

In summary, the child abuse and neglect project has become a focus for all the family's needs, not just those related to child abuse and neglect.

Cook Inlet Native Association
P.O. Box 515
Anchorage, Alaska 99510

Robert W. Rude, Director

Funding	Project Period
$490,922	FY 1975 - 1978

ROSEBUD COUNTY-NORTHERN CHEYENNE CHILD ABUSE AND NEGLECT SERVICE PROJECT

90-C-623

This project assists county service programs to provide protective services to children and families and includes the Northern Cheyenne Reservation. It is intended to demonstrate to the State of Montana the need for specialized children's services in rural areas; and the feasibility of providing such specialized services through state social workers.

The territory served by this project, essentially rural and quite poor, has little or no social services available.

The project deals with all forms of child abuse and neglect. Child abuse and neglect problems of Northern Cheyenne Indian people sometimes stem from cultural differences. Frequently, in the past, there was a tendency to seek to solve such problems by removing children from their homes and placing them in foster homes with non-Indian families or in the care of institutions for Indian children.

Problems stemming from immediate life circumstances such as poverty, unemployment, racial and ethnic discrimination, and substandard housing are found on the reservation. They are found, perhaps to an even greater extent, in the area surrounding the coal-mining towns of Colstrip and Forsyth. These factors result in stress which is sometimes reflected in child abuse. Services in the area of prevention and early intervention are stressed, and emphasis is on family unity.

Specific services include:

Crisis intervention geared to immediate life circumstances and need.

Counseling.

Homemaker services.

In-home child care.

In-home activities to enhance environment and improve parent-child interaction.

Emergency child care.

Transportation services.

A 24-hour help line.

Parent effectiveness training.

Community awareness education about the seriousness of child abuse and neglect; the availability of services; information on how to become a foster parent.

A multidisciplinary team and review system to coordinate activities has been formed between various agencies and service facilities. The multidisciplinary team reviews cases and makes major decisions concerning intake, treatment and termination.

The project intends to continue the same basic types of activities next year.

Significant products include:

The most significant product, to be available about May 1978, is a "Handbook for Rural Development of Protective Service Systems."

Another product is a slide presentation designed to inform people about child abuse and neglect and services available through the project.

Significant accomplishments include:

Introduction of organized child abuse and neglect prevention and treatment programs.

Progress in providing a multidisciplinary approach to the problem of child abuse and neglect.

Community education programs in an area which was previously very seriously underserved as far as child abuse and neglect services are concerned.

Working out service agreements with Northern Cheyenne tribal court.

Montana Department of Social and
Rehabilitation Services
P.O. Box 1723
Helena, Montana 59601

Karen Keyes, Director

Funding	Project Period
$454,563	FY 1975 - 1978

DEVELOPING A COMMUNITY OF CHILD CARE AND CONCERN FOR NATIVE AMERICAN CHILDREN AND FAMILIES

90-C-624

This program deals almost exclusively with an urban Indian population, and is concerned with facilitating the transition of the reservation Indian to urbal living; and equipping him/her to use the supportive services available in a new and strange setting without losing important elements in the Indian heritage.

This project aims to develop among white social work agencies a better understanding of the culture, traditions, and life style of American Indian people. A primary objective is to correct severe deficiencies in the service provided to Indian families. Another important aim is to develop a trained group of Indian social workers who would be better able to serve Indian families and help to bridge the gap between Indian families and the conventional social work structure.

The project deals with all forms of child abuse and neglect. Neglect is more of a problem than abuse. It is especially designed, however, to correct such conditions as foster home placement of Indian children in white families.

The project focuses on child abuse and neglect which are caused by cultural factors and immediate life circumstances such as unemployment, discrimination, housing and economic deprivation.

It is also concerned with social institutional factors such as urbanization, institutional lack of understanding, and prejudice toward Indian people and customs.

Specific services include:

Welfare and Family Service Centers which are tied to the existing network of child protective and family service organizations in the Minneapolis area. Indian student aides are an important part of the program.

Developing and making use of an interdisciplinary approach to train qualified Indian family advocates, student aides and community workers, and a group of graduate school interns.

Developing preventive intervention processes through a case management and monitoring program.

Developing an early warning and emergency service system compatible with Indian community life styles.

Developing recommendations for the formulation of Federal and State social policy designed to result in programs more responsive to American Indian life style.

Providing clinical services such as counseling, referral and/or advocacy service.

Developing and conducting training and youth seminars.

Specific products include:

The principal product has been services. A report on the recently held national colloquium on child abuse/neglect, is in preparation.

Significant accomplishments include:

Work with United Indian Group Home to establish 24 hour emergency housing for abandoned or neglected children. Because of State licensing restrictions, this service is only for children from 12 years and older.

With the help of other Indian community agencies, the project has begun a volunteer licensed network of Family Satellite Homes for the emergency placement of children under 12.

Establishment of Drop-in Center, which has been effective in dealing with the prevention of child abuse and neglect. The atmosphere is informal and in line with the culture and customs of the Indian community.

Approximately 200 to 300 children are being served at the Center. The Drop-in Center and weekend activities carry out the tradition of the exineded family; assistance is available at all times. Project staff is available for crisis intervention 24 hours a day.

The Drop-in Center and weekend activities program also provide specific educational and cultural events for various audiences, e.g., a Conference on Urban/Reservation Development; a Conference on Indian Youth and the family; the launching of a massive community health awareness program; a regional meeting attended by 1200.

Establishment of Family Advocate Training Programs for native American students; these Indian student aides have become a key ingredient in the Project's success. This Program is already beginning to fill the need for native American social workers who can help Indian families and draw upon the existing white community social work structure for some of the help they need.

University of Minnesota
Center for Urban and Regional Affairs
311 Walter Library
Minneapolis, Minnesota 55455

John Red Horse, Director

Funding	Project Period
$540,993	FY 1975 - 1978

THE CHOCTAW CENTER ON CHILD ABUSE AND NEGLECT
90-C-625

The network of social services available in the area has not worked for the Choctaw Indian Community. This project seeks to demonstrate that such a group can be helped more effectively by a program designed to meet its special needs. The project works to bridge the gap between the needs of the tribe and the white social work structure which provides the necessary services.

A significant element in the program is the fact that the staff is almost entirely Choctaw. An exception is the project director who had had previous experience in dealing with Choctaw people.

A basic overall concern is to strengthen Indian family life. The project addresses all forms of abuse and neglect.

As far as causes are concerned, the project views child abuse and neglect as a combination of cultural, immediate life circumstances and personal factors. Neglect is a greater problem than abuse, and most abuse is alcohol-related. One of the problems here has to do with definition. What is abuse and neglect by white middle-class standards is not abuse and neglect within the Choctaw culture.

Specific services include:

Working to remove Choctaw children from long term foster care situations and restoring them to their natural families, when appropriate.

Working with natural parents to correct situations that made removal of children necessary. This involves assessing individual and family needs.

Supporting services to the family, such as day care and parenting training.

Emergency services for children.

Public education to make the community aware of:

The seriousness of the problem of child abuse and neglect.

The rights of children.

The various services available to help the family.

This project will continue its present activities in the next funding year. No fundamental changes are proposed. Emphasis will continue to be on the return of Choctaw Indian children in foster care placement to their natural parents and/or extended families.

Significant products include:

While the project staff composition and method and type of operation do not lend themselves to the development of documentary materials, nine articles have been published in the monthly tribal newspaper; one article has appeared in the Association on American Indian Affairs Bulletin.

Significant accomplishments include:

Provision of emergency services to over 100 children, primarily placements in emergency foster homes for periods of one to 10 days.

Identification of 116 Choctaw children in placement, representing 46 different families. Six of these children have been reunited with their families; 36 cases are under review.

Establishment of a system of youth court referees who are members of the tribe.

The Project appears to have made significant strides in returning Choctaw children to the tribe and in bridging the gap between the Choctaw peoples' needs and the white social service establishment.

Mississippi Band of Choctaw Indians
Route 7, Box 21

Phillip Martin, Director

Funding	Project Period
$512,856	FY 1975 - 1978

KU NAK WE SHA' (CARING)
90-C-626

Project Ku Nak We Sha' deals with child abuse and neglect among Indian families, primarily by strengthening family systems to deal with major social, cultural, economic and racial problems which precipitate abuse and neglect situations on the reservation. The affirmation and use of the extended family network in the Yakima culture is vital in assisting families.

CARING believes that preventing and controlling actual or potential child abuse and neglect conditions on the reservation can best be achieved through direct services to Indian clients. Indian social workers are important because they are more knowledgeable about the Yakima culture and the problems and issues clients must face in rearing their children.

Services are closely coordinated with existing State programs and facilities, with CARING providing the lead and direction of the delivery of social services to Indian clients.

The project addresses all forms of child abuse and neglect, but emphasizes preventive services whenever possible. Staff views child abuse and neglect in the context of both total family and community environments.

A fundamental belief of the staff is that a primary source of stress leading to child abuse and neglect on the reservation are those factors closely tied to cultural and social institutional concerns. Services are provided within the context of this belief.

In providing services, the project has developed productive working relationships with community agencies to help families obtain necessary social services. It also emphasizes outreach efforts to reach high-risk families—those identified as having the the potential for involvement with child abuse and neglect.

A key concern of CARING is to stop the removal of children from Indian families and the placement of such children in white foster families. As a consequence, one of the project's primary concerns is to obtain more Indian foster parents.

Project staff has also facilitated the return to the reservation of the Yakima children who were removed prior to the project's existence. Such action is taken in response to family requests when it is in the best interests of the child.

Program emphasis has also been placed on the return of Indian children to the "extended family" system using project emergency care resources and intermediary Indian foster care placements. Indian adoptions have been non-existent in the project's service delivery system.

Specific services include:

24-hour, seven day a week crisis service.

24-hour emergency shelter for children.

Coordination of services to families requiring multiple services from community sources.

Development of community awareness of the seriousness of child abuse and neglect and sources available for help.

Initiation of a system for staffing and monitoring all Indian child welfare cases at the reservation and county level to insure proper case handling and disposition.

Provision of training services to local health, education and social service professionals in the area of child abuse and abuse with respect to Indian families.

Training Indian families in child rearing.

Utilization of project social work staff in an active Indian child welfare advocacy role in the County Juvenile Justice system.

Significant products include:

One unpublished research paper, presented at a national child abuse and neglect symposium, outlined the impact of social systems on Indian family networks and how it results in adolescent involvement in the juvenile justice system.

Significant accomplishments include:

Coordination of child abuse and neglect services under the Tribal Council. These were formerly supplied by other public agencies on a rather fragmented basis.

Establishment of a special counseling and advocacy program for Indian adolescents to help them in their difficulties with the juvenile justice system and with family conflict.

Initiation of a special community education program to develop awareness of the seriousness of child abuse and neglect and the sources of available help.

Establishment of an organized case work system characterized by coordination of services including family counseling, child advocacy and intervention with non-Indian social work agencies for specific services.

Development and refinement of Indian child welfare case handling procedures for State social service delivery systems on the reservation.

The Yakima Indian Nation
P.O. Box 632
Toppenish, Washington 98948

Maxine W. Robbins, Director

Funding	Project Period
$549,323	FY 1975 - 1978

417

DEMONSTRATION PROJECT FOR COORDINATED DELIVERY OF LOCAL, STATE, AND MILITARY SOCIAL SERVICES TO CHILDREN AND FAMILIES RESIDING ON A MILITARY BASE OR IN SURROUNDING RURAL COUNTIES

90-C-575

Solution to the problem of child abuse and neglect on a military reservation and the surrounding rural civilian community lies in the development of a cooperative arrangement between military and civilian State and County agencies. In this way jurisdictional issues and service needs can be identified and dealt with despite the restrictions of Federal, State and County boundaries.

The project provides a broad range of services to families in crisis, including outreach and followup, emergency foster care, family shelter, and homemaker and caretaker services. Individual case work services are complemented by group activity.

In its multidisciplinary case management team approach, the project seeks to demonstrate a cooperative system for case finding, registering and processing of child abuse and neglect situations between the Army and the State of Tennessee. Service delivery is extended to isolated rural areas.

The project also seeks to demonstrate the value of a coordinated community education program and a system for interstate exchange of information with Kentucky.

The project is also interested in determining:

> Whether child abuse and neglect is more likely to occur among military families than in the non-military population.
>
> Whether making appropriate services available will reduce incidence of child abuse and neglect in remote rural areas.

The project seeks to address all from of child abuse and neglect. It is concerned with reducing the disruptions of family life due to the stress of immediate life circumstances, particularly in military rural populations.

It is also concerned with identifying cultural factors, and the stresses from immediate life circumstances, frequent moves, family separation, and isolation.

It also seeks to find out if there are differences between civilian and military populations.

Specific services include:

> Case finding, restry and processing.
>
> Direct service delivery.

Coordination of Service delivery between the two States and various counties involved.

Establishing emergency adolescent and family shelters.

Training project staff and community professionals.

Public awareness and community education.

Caretaker services for both nonemergency and emergency situations.

Significant products include:

The principal output has been services.

Significant accomplishments include:

Development of public awareness and community education through meetings, workshops, seminars and conferences has enabled the project to make considerable progress toward interagency cooperation and coordination between various service agencies.

strengthening caretaker services.

Development of group activity for wives of military men.

There has been a steady rise of referrals received during the life of the project: 78 in 1974, 159 in 1975 and 444 in 1976. There is a decline in the repetition of abuse and neglect crisis in families where mothers are involved in group activities.

Tennessee Department of Human
Services
Social Services Division
404 State Office Building
Nashville, Tennessee 37219

Jeanne Dycus, Director

Funding	Project Period
$500,971	FY 1975-1978

CHILD ADVOCACY RESOURCES EXPANSION
(CARE)
FOR MILITARY FAMILIES IN THE
SAN ANTONIO AREA
90-C-576

The most effective means to provide the necessary range of services to military families for the prevention, identification and treatment of child abuse and neglect is through a cooperative, well coordinated approach by the military community and the Department of Public Welfare.

The project focuses on all forms of child abuse and neglect. In general, it deals with all the various factors which lead to child abuse and neglect.

Specific services include:

Provision of case management and social work services.

Systematic planning to draw upon the services of the military installations in the area, community agencies, and the Texas State Department of Public Welfare.

Identification, expansion and coordination of existing resources.

Help in the development of new resources.

Devising more effective case management, treatment and evaluation systems and techniques.

Prevention and education services including services in parenting skills.

Prevention through the provision of Crisis Child Care by contracting with existing Day Care Centers on the military bases.

Prevention through early identification of families at risk.

Public awareness programs.

Training for parents and military and civilian professionals social workers.

Assisting in recruitment of military foster families.

Providing organizational support for local Parents' Anonymous chapters.

Providing direct social work services to military families.

Significant products include:

Child Advocacy Resource Handbook for Professionals and Community Agencies.

Systems Procedures Manual for team case management.

Policy Study of child abuse and neglect.

Significant accomplishments include:

Designed more effective case management and evaluation techniques.

Developed and presented a variety of information seminars and training courses for military and civilian professionals.

Introduced parenting training into area schools.

Conducted public awareness programs throughout the installation.

Developed and conducted seminars in normal child development for day care center workers.

Offered course in parent effectiveness training.

Aided in recruitment of military foster families.

Developed standardized intake and referral procedures.

Disseminated program information relating to child abuse and neglect in military families at various National Conferences.

Project CARE
P.O. Box 66
Brooke Army Medical Center
Fort Sam Houston, Texas 78234

Bernard J. Tallerico, Director

Funding	Project Period
$572,441	FY 1975-1978

H.E.L.P. RESOURCE PROJECT FOR CHILDREN AND FAMILIES IN MARYLAND
90-C-391

H.E.L.P. Resource Project
Maryland Department of Employment
and Social Services
1123 North Eutaw Street
4th Floor
Baltimore, Maryland 21201

Curtis L. Decker, Director

Funding	Project Period
$873,670	FY 1974 - 1978

The H.E.L.P. Resource Project believes that the best way to improve the delivery of services to abused and neglected children is to take advantage of existing resources and facilities. In helping groups to organize throughout the State, the Project has found that subcontracts to agencies stimulate local interest and cooperation. Thus, community organizing at the county level is the essence of the H.E.L.P. approach.

Project H.E.L.P. is a resource center established within the Maryland Department of Human Resources. It provides a wide range of services to child protection and family services agencies, but no direct services to clients. H.E.L.P. is concerned with all forms of child maltreatment and with the various factors which lead to abuse and neglect.

The groups which it primarily serves are protective service workers and agencies at the county level. The Project's activities also directly affect the general public, legislators, professional groups (medical, social work, law enforcement), Parents Anonymous chapters, local educational departments and child advocacy organizations.

Specific services include:

Community organization and coordination.

Service development

Training

Child Advocacy

Public and Professional Awareness

Library and Clearinghouse

In the Project's final year more attention will be given to technical assistance to professional groups, e.g., pediatricians, and to staff in various agencies. Also, there will be greater concentration on the training of trainers. Attention will be given to "effective practices workshops" which enable professionals who have been successful in handling child abuse and neglect cases to share their experiences.

A concerted effort will be made to organize the few counties in the State which are not yet offering child abuse and neglect programs at the optimal level. In addition, more grants will be made to rural areas and to Baltimore City to even out geographic distribution.

Significant products include:

A manual on child abuse and neglect for professionals and workers.

A pamphlet for general distribution: "Child Abuse Fact and Fiction."

Special printed cards informing educators and physicians of their reporting responsibilities.

A number of video tapes produced for both training and public and professional awareness.

Significant accomplishments include:

Maryland has experienced a 70% increase in child abuse reports since the Project's inception, including substantial increase in reports during the first half of 1977; reporting of sexual abuse cases has climbed by 500% since the Project began.

H.E.L.P. believes that its activities, especially in the public awareness area, have played a significant part in this increase. Related to this, media coverage of the maltreatment problem has also risen, and Project staff have appeared on 28 radio/TV programs.

Technical assistance has been provided to sponsors of ten bills introduced on child abuse and neglect in last year's legislative session.

A network of interested citizens who lobby for appropriate legislation has been developed.

Development of local subcontracting process as a means of stimulating interest and action in communities; a total of 13 grants have been funded.

Training programs have been presented for:

..Community agencies
..Family Day Care centers
..Homemaker programs
..Mental Health centers
..Medical and law enforcement personnel, educators and social workers.

Establishment of resource library and clearinghouse operation, including a mailing list of 2,300 people and agencies; 55 audiovisual materials available; a distribution total of 175,000 pieces of literature.

Helped in the creation of ten steering committees/task forces in various subdivisions in the state, and in the formation of 21 diagnostic teams in the 23 counties of Maryland and Baltimore City.

MULTISTATE CHILD ABUSE AND NEGLECT NEGLECT RESOURCE DEMONSTRATION PROGRAM

90-C-392

Regional Institute of Social
Welfare
Research, Inc.
P. O. Box 152
Athens, Georgia 30601

Dr. George Thomas, Director

Funding	Project Period
$1,127,999	FY 1974 - 1978

This program works to improve existing services and works through State Planning Committees composed of child protective service officials.

This results in a more uniform approach to the problem; and the stimulus for improved services comes from the duly constituted state authorities. This seems to be the essence of the Region IV Resource Project.

The project then brings states together and coordinates their efforts so that necessary changes become region wide. The project serves the eight states which make up Region IV.

The Resource Center evolved from an existing group which had been doing a great deal in welfare program research, evaluation and design of monitoring systems. As a result, many project personnel were known throughout the region.

Client-user groups are:

State agency personnel.

Local Child Protective Services (CPS) personnel.

Private CPS agencies.

The public at large.

Major problems identified are:

Inadequate services.

Inadequate skills among CPS workers.

Poorly defined concepts of child abuse and neglect.

Low level of awareness and knowledge of child abuse and neglect.

Incomplete and fragmented legislation.

Inadequate medical treatment.

Overemphasis on child abuse and neglect among welfare families.

Specific services include:

Direct training.

Technical assistance.

Public awareness activities.

Resource development and resource coordination.

In the third year of its funding, the center will continue its activities, but will place greater emphasis on activities such as:

Efforts to develop more active guardian ad litem policies.

Development of an expanded role for foster parent associations to improve foster family care programs.

Active promotion of child advocacy coalitions.

Development of a public awareness campaign for pharmacists.

Greater attention to training trainers.

Regional survey of CPS techiques and problems encountered in responding to sexual abuse cases.

Significant products are:

Resource library which handles about 3,000 information requests annually.

Newsletter, Checkpoint for Children, mailed quarterly to over 9,500 workers in the field.

CAN reporting handbook for social workers.

Booklet, Child Abuse and Neglect: Programs and Problems.

Region wide research studies on the uses and costs of guardians ad litem and of the roles of CPS supervisors and workers.

Directory of CPS-CAN services/programs and of child advocacy groups.

Comprehensive 79-hour course curriculum for CPS staff training.

Case management model.

Rural multi-county CPS prevention, identification and treatment model.

Displays at professional conferences and meetings.

Comparative analysis of Nashville and Savannah CPS systems.

Forthcoming products:

A regional survey of CPS worker and supervisor roles and needs.

Guardian ad litem costs and uses: A Region IV survey of Juvenile Judges.

Crisis Nursery Handbook

Child Abuse and Neglect reporting handbooks for law enforcement, medical and day care personnel.

Significant accomplishments are:

Hosted First National Conference on Child Abuse and Neglect in January, 1976.

Conducted 42 CAN-CPS training programs in all eight states of Region IV to train nearly 10,000 professional and lay personnel.

Conducted over 70 workshops and speaking engagements.

Provided program start-up or other technical assistance to three state CAN training programs, four CAN demonstrations, 5 CAN resource centers, and 16 other organizations.

Completed implementation of rural multi-county CPS model in South Carolina.

Initiated research study of guardian ad litem program.

Initiated research study on CPS supervisor/worker roles.

Developed 10 types of materials ranging from brochures to research studies, and distributed them to appropriate groups.

Conducted regional Child Advocacy Conference for 350 participants.

Designed a national public awareness campaign for pharmicists.

NEW YORK STATE RESOURCE CENTER
90-C-398

Department of Human Development
Cornell University
Ithaca, New York 14853

Dr. E. Ronald Bard, Director

Funding	Project Period
$732,701	FY 1974 - 1978

Throughout most of New York state, the county is the key governmental unit both politically and adminstrative The Center has decided that the most effective way to improve child abuse and neglect prevention and treatment services is to organize such efforts at the county level.

It has further decided that the best way to do this is to help the counties to establish child abuse and neglect task forces and to provide such groups with requred training and technical assistance.

These task forces, currrently in operation in 20 counties, are made up of representatives from state protective service agencies, private agencies and concerned citizens.

When there is genuine local interest in setting up such task forces, the Center plans to help additional counties. This approach is based on the belief that improvement in child abuse and neglect services will result only if there is local interest, initiative and action. The project is also moving to set up an association of state-wide task forces to upgrade services in the state as a whole.

The Center will work with a county to deal with whatever forms and causes of abuse and neglect that county feels are most important.

Specific services include:

Technical assistance

Training

Prevention activities such as parent education programs, identification and assistance for high risk families.

Public awareness efforts.

Operation of Resource Materials (a collection of relevant materials available on a loan basis).

Significant products include:

Bi-monthly newsletter with a circulation of 6,000.

Statistical reports (county by county).

Training materials (films, video tapes, a slide film presentation).

A post-workshop publication on the Center's National Workshop on Institutional Abuse held in June 1977.

On the basis of consultation with the people and agencies it serves, the Center will shift its focus for next year to put greater emphasis on four areas of services:

Continuing to help form new task forces throughout New York state.

Improving the quality of initial investigation by local child protective services units.

Extending the options for treatment available to children and families.

Lending technical assistance to the forming of a New York State Association of Task Forces.

Significant accomplishments include:

Training services to child protective service staffs and other community professionals.

Sponsorship of two statewide conferences for nearly 450 professionals in New York State.

Signing of contract with New York State Department of Social Services to review education programs and assess training needs.

Sponsorship of a three day national workshop on Institutional Abuse (in cooperation with the National Center on Child Abuse and Neglect).

Participation in numerous county, state, and national workshops, seminars, and conferences on child abuse and neglect.

THE PROTECTIVE SERVICES RESOURCE INSTITUTE
90-C-402

Rutgers University Medical School
Box 101
Piscataway, New Jersey 08854

Dr. Frank Schneiger, Director

Funding	Project Period
$1,113,098	FY 1974 - 1978

Child protective service agencies (like family services agencies in general) do an inadequate job of preventing and treating child abuse and neglect. This is due, in large part, to two factors. Organizational problems within agencies, and unwillingness and inability on the part of agencies to work together effectively often prevent Child Protective Services agencies from doing an effective job in preventing and treating child abuse and neglect.

To help the agency to improve its services the project must help the organization and/or the community to make the changes needed to function more effectively. The Instistitute has, therefore, focused increasingly on activities which emphasize prevention, to keep families out of the Child Protective Services system. Client-user groups include: State and local agencies, and public and private agencies involved in providing services for children.

It has a close working relationship with the New Jersey Department of Youth and Family Services, including:

Law enforcement and judicial staffs.

Management and superisory staffs.

Health, educational, day care center and other direct service workers.

The principal problems to be overcome are:

Making agencies aware of how important services for family and children are. Principal problems here are those related to organizational difficulties. The varrious agencies involved in the field do not work well together; often they have conflicting goals and a lack of understanding of the work and purposes of other agencies. What is known as the protive services system does not function well and is, in fact, not truly a system. Also, because the Institute works so close with the New Jersey Department of Youth and Family Serivces, many agencies tend to identify the Institute too closely with the state.

Specific services include:

Training, with particular emphasis on training the trainers.

Education and community awareness. Public and professional awareness programs.

Technical assistance.

Prevention activities e.g. education in parenting skills; training and education for early intervention; training and education for high risk groups, such as pregnant teenagers and alcoholics.

Increasing emphasis is being given to preventing child abuse and neglect before it occurs, i.e., to keep families and children out of the system.

A monthly newsletter, PSRI Report.

A resource library for professionals and the public.

Published proceedings of various conferences for workers in the field.

Significant accomplishments are:

Growing acceptance by the child protective services "system" of the Institute as a source of useful and quality services.

Completion of various training activities for selected staff in Trenton, New Jersey's public school system and St. Peter's Medical Center.

agencies, schools, regulatory agencies and legislative bodies.

Advocacy.

Community advisory board.

No major changes in the project's overall approach are planned for next year.

Significant products include:

Published results of agency and community surveys.

Handbook and audiovisual training package developed for social service personnel.

Published proceedings on conference on the Black Family to be held in Fall of 1977.

Selected annotated bibliography on the Black Family.

Quarterly newsletter.

Significant accomplishments include:

Completion of surveys of community child protection agencies and community residents.

Provision of information, training and technical assistance to agencies, regulatory agencies and legislative groups in understanding and dealing more effectively with black families.

Helping social service agencies to recognize the value of non-traditional groups as sources of help for black families e.g., churches, sororities, local fraternal, civic or other black groups.

Development of better coordination between the various agencies involved in serving black families.

Development of greater awareness among community residents of prevalence of child abuse and neglect and available sources of help.

Development of models for use in other communities so that the projects carried out in Columbus and Indianapolis can be reproduced or adapted elsewhere.

Project is now receiving more requests for information and help from social services agencies than it can handle.

NATIONAL URBAN LEAGUE CHILD
ABUSE PROJECT - PROJECT THRIVE
90-C-403

National Urban League Child Abuse Project - Project Thrive
National Urban League, Inc.
Community Development Department
500 East 62nd Street
New York, N. Y. 10021

Natalie Dowdell, Director

Funding	Funding Project
$981,011	FY 1974 - 1978

Project Thrive seeks to develop a model for a service delivery system especially designed to meet the needs of black families in preventing, identifying and treating child abuse and neglect.

It hopes to achieve this by improving community services to black families and by stimulating community interest and action through public awareness programs. Project Thrive views itself as a resource to the social service system, to black families, directors of protective services, the public and voluntary social services.

The project is concerned with all forms and causes of child abuse and neglect.

The project's client-user groups are:

Black families in need of child protective services.

Social service agencies serving black families.

State and local regulatory agencies and legislative bodies.

Professionals in the child protective services.

Major barriers to the project's efforts to provide better services to black families are:

Lack of understanding of problem of child abuse and neglect by black families and the public in general.

Black families' lack of information about available services and sources of help.

Social welfare system's lack of understanding of black families' needs and that the system as a whole is not geared to the needs of black families.

Specific services include:

A survey of community child protection service agencies to identify deficiencies in services to black families and achieve better coordination.

A survey of minority community residents to determine:

Knowledge of the prevalence of child abuse and neglect.

Awareness of services available to abused children and parents.

Information on child rearing patterns.

Sensitizing the welfare systems and institutions in the public and Volunteer Sectors to the needs and special requirements of black families. This is done through provision of information, training and technical assistance (materials, sensitivity training, case consultation) to service

THE NEW ENGLAND RESOURCE CENTER FOR PROTECTIVE SERVICES
90-C-404

Judge Baker Guidance Center
295 Longwood Avenue
Boston, Massachusetts 02115

Steven Lorch, Director

Funding	Project Period
$1,410,000	FY 1974 - 1978

Assistance is provided for the exisitng social service systems in the six states which the Center services: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. It seeks to demonstrate that a private non-profit organization can support and improve ongoing programs in protective services and child welfare.

The Center has a coordinator in each state social service agency. Staff support and central resources are provided by the headquarters office in Boston. The project does not attempt to judge the validity of the requests it receives. Emphasis is on providing responsive and practical solutions to problems with which the state agencies want help.

The project serves the following client groups:

State protective service agencies.

Public and private agencies.

Medical and nursing schools.

The major overall problem is to improve preventive and treatment services. The project believes, on the whole, in the delivery of protective services to clients.

Problems which especially need to be dealt with are:

Lack of systematic management and management skills.

Unscientific and ineffective decision-making at each step in the process.

Inadequate levels of skill among workers.

Lack of coordination.

In tackling these problems, the service are concentrating in four main areas: training, data management, legal assistance, and provision of resources.

Specific services include:

Management information.

Research.

Community education and awareness.

Program and service development.

Organizational development, including decision-making procedures.

Policy development and legal liaison.

Staff development.

During the first two years, the Center placed a staff member in each state social service department and provided support service to assist the department wherever possible.

As a result of their experience, the coordinators are able to identify certain key deficiencies in the states they serve. Therefore, efforts will be concentrated more on advocating that these deficiencies be corrected, and in helping states to do so.

The project will also attempt to help the state agency to identify those areas which require long range study. This represents an attempt to shift some effort from a tactical or crisis type of response to a more strategic and systems-planning type of operation.

Significant products include:

Legal manuals for state child protective service workers in each of the four states.

Manual on sex abuse.

Significant accomplishments include the following:

Established a productive working partnership with the six states in the region.

Developed a regional management information system.

Assisted each state to identify training needs and to develop plans to use their federal training grant.

Provided technical assistance to the Massachusetts and New Hampshire Task Forces.

Conducted a systems analysis in Rhode Island.

Developed 96-hour "emergency-hold" procedures in Connecticut.

Helped to establish comprehensive emergency services in Maine.

Developed day care curriculum for Vermont.

Developed means to share results with all states in region, as well as with other agencies and projects throughout the country.

THE EDUCATION SYSTEMS' ROLE IN CHILD ABUSE AND NEGLECT
90-407

Education Commission of the States
Department of Planning & Development
1860 Lincoln
Denver, Colorado 80203

C.D. Jones, Project Director

Funding	Project Period
$853,929	FY 1974 - 1978

This project seeks to influence child abuse and neglect legislation and policy by providing information to legislators and other state level leaders in education and to related agencies and organizations.

It places special emphasis on increasing the effectiveness of the schools in dealing with child abuse and neglect, making information and technical assistance available to educators. It also provides national educational organizations with information and resource assistance for use with their own constituencies.

It uses a network of contacts to bring about improvements in service to families and children by working through state governors, legislators, and commissioners of education. In this way, the project hopes to influence policy, programs, and legislation.

The project is concerned with all forms of child abuse and neglect. It addresses itself to all factors contributing to the problem; it is particularly concerned with those which lend themselves to correction through legislation and education in the schools.

Specific services include:

Advocacy -- through the work of its national advisory committee, chaired by Honorable Robert F. Bennett, Governor of Kansas, Education Commission of the States, provides publications, timely information and resource assistance to national regional and state level organizations concerned with the well-being of children.

Technical assistance is given to legislative council staffs; state educational officials; and state, local and national educational organizations.

Mass media efforts directed to professional organizations and agencies associated with children's services are provided.

The Project plans to continue similar types of activities next year. Some examples are a three-day session for American Association School Administrators.

A session for educators and state policy makers at American Human Association.

A reassessment of current policies and practices in related educational sytems and organizations.

Significant products include:

Publications such as:

Trends in Child Abuse and Neglect. Report #95.

Education for Parenthood: A primary prevention strategy for child abuse and neglect. Report #93.

Teacher Education: An active partner in the solution of child abuse and neglect. Report #9

Education Policies and Practices Regarding Child Abuse and Neglect and Recommendations for Policy Development. Report #85

Model Child Abuse and Neglect Legislation and Child Abuse and Neglect Guidelines for Legislators and Educators. Report #71

Significant accomplishments include:

Progress in achieving more effective relationships with the American Association of School Administrators, the National Association of State Boards of Education, the National School Board Association and the National Governor's Conference by consultation and technical assistance.

Activities of advisory committee in influencing educational policy and legislation at the state level by direct testimony.

Co-sponsorship of American Humane annual meetings.

Four state Governor's Conference on Child Abuse (1976) and co-sponsorship of a Conference entitled, "Toward the Competent Parent", with Georgia State University.

Program assistance to 12 state departments of education, six state boards of education and six national education associations.

Working through the National Parent-Teachers Association and their various state and local chapters to distribute various publications and provide program assistance and support.

A STATEWIDE PROGRAM FOR MALTREATED CHILDREN
90-C-408

Department of Pediatrics
School of Medicine
University of North Carolina
Chapel Hill, North Carolina 27514

Dan W. Davis, Ph.D., Director

Funding	Project Period
$732,701	FY 1974 - 1978

In dealing with the problem of child abuse and neglect, the North Carolina Resource Project employs a statewide community organization and assistance approach; it carries this out on a county-by-county basis. The county is the most important governmental unit in the State, and all state agencies (such as Protective Services) must work through the county organizations. The project is convinced that unless the local county is involved actively in the initial organization and service plan, prospects for a successful operation are poor.

At the county level, the project is now concentrating on bringing about coordination between public and private agencies, and among the various organizations within these groups.

The program has an intensive effort to involve the medical profession by attempting to recruit at least one pediatrician in each of 40 counties to respond to reports of suspected child abuse and neglect. This program is tied in closely with both the county and State medical examiners.

The project defines its client-user groups as:

State, county and local professionals in the field of child abuse and neglect.

Related professionals such as judicial and law enforcement people.

The project sees its major problems as:

The difficulty of reaching and educating the rural population.

Low public and professional awareness.

The fact that the child's best interests are often obscured in case handling and service delivery.

Lack of coordination of resources.

Inadequate planning.

Specific services include:

Skilled training for professionals.

Organizations and program development for county teams.

Direct service and research in the North Carolina Memorial Hospital intensive care nursing and maltreatment syndrome team.

Development of library resource materials.

Development of statewide activities in policy service programs.

During the third year, the project will give increasing attention to:

Interdisciplinary team training.

Quality control and network-wide feedback.

Development of policy statements and issues to be address to various organizations.

More effective use of clinical/community team services for groups across the state.

More specialized resource materials for various disciplines and organizations.

Significant products include:

A newsletter published six times per year.

A study on the relationship between the need for intensive care after birth and later child abuse or neglect.

Library of resource materials.

Training and educational materials.

Significant accomplishments include:

Community organization activities have resulted in 30 active child abuse committees made up of both professionals and nonprofessional citizens; these have been established in 30 of the 40 counties.

Assistance provided to these groups in the form of training, materials and organizational help such as staff development and program implementation.

Series of regional multidisciplinary conferences on child abuse and neglect in conjuction with county departments of social services; these reach the entire state in approximately one year.

Development of special training program involving use of professionals in the field to provide education on child abuse and neglect to legal, law enforcement, judicial and medical groups.

Assistance in organizing a statewide child abuse and neglect public awareness campaign.

Development of program to coordinate workers and facilities within the Cherokee Indian Reservation in the state.

Establishment of Intensive Care Nursery Project to provide a link between the intensive care unit and preventive services available in the baby's home community.

Initiation and carrying out of research program to determine link between need for intensive care in infancy and later child abuse and neglect. The project has been valuable in identifying families at risk, thereby helping to prevent child abuse and neglect.

Conferences for education of professionals and orientation of county teams.

REGIONAL DEMONSTRATION RESOURCE PROJECT FOR REGION VIII, LOCATED AT THE NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT
90-C-409

University of Colorado Medical Center
1205 Oneida Street
Denver, Colorado 80220

Donald C. Bross, J.D., Project Director

Funding	Project Period
$1,114,522	FY 1974 - 1978

The Center seeks to:

Raise the general level of institutional and professional competence to prevent, identify, and treat child abuse and neglect;

Increase public awareness and advance general knowledge;

Dissemination information on prevention, identification and treatment model programs developed by The National Center, Denver, and elsewhere.

Special emphasis is given to providing leadership and expert assistance to professionals and communities in the Colorado, Montana, Utah, North Dakota; South Dakota, and Wyoming.

The National Center, Denver, is a model treatment center which offers a wide range of multidisciplinary services including research, training, technical assistance and direct service, including treatment. It addresses all forms of child abuse and neglect and all types of casual factors.

Specific activities are:

Placement of audiovisual and written training aids package in each state, including:

- Visual Diagnosis of Child Abuse and Neglect
- Acute Pediatric Phase
- Acute Phase, Consulting Pediatrician
- Dispositional Conference
- Lay Therapy (Parent Aide)
- Parents Anonymous
- Mother-Infant Interaction
- A Case of Child Abuse (Pediatric Grand Rounds)

Development of public and professional awareness through personal contacts, speeches and a newsletter.

Specific services include:

Technical assistance and consultation on legislation.

Technical assistance to help child protection teams, crisis nurseries and other treatment components to become part of the institutional services offered by the community.

Training of child protection teams from various states.

Hospital protocol development and testing.

Development and testing of a Scholars-in-Residence program. Under this program, post-graduate professionals are being brought to the National Center for up to six months of advanced research, study, and professional development.

The problems encountered include:

-- need for greater awareness of the importance of child abuse and neglect among professionals to bring more widespread and earlier interventions.

-- need for the capacity to handle interventions and for better coordination among professional agencies.

The clients served are primarily professionals, especially in multidisciplinary groups or settings. Lawyers and legislative advocates and homogeneous groups of professionals.

Significant products include:

Research and publication on the Lay Health Visitor, Circle House whole-family therapy, Crisis Nursery, Therapeutic Playschool, and Child Protection Teams;

Treatment of limited numbers of parents and children as part of research programs;

The Battered Child Symposium (9th Symposium, Fall 1978).

Helfer and Kempe's The Battered Child, 2nd Ed., 1974; Martin, The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment 1976; Helfer and Kempe, Child Abuse and Neglect; The Family and the Community 1976 (received free distribution nationwide through private-foundation funding). Schmitt, Child Protection Team Handbook 1977; Beezley and McQuiston "Crisis Nurseries: Practical Considerations" 1977.

Child Protection Team Handbook 1977; Beezley and McQuiston "Crisis Nurseries: Practical Considerations" 1977.

"Hospital Guidelines for the Hospital and Clinic Management of Child Abuse and Neglect" (1977).

The National Child Protection Newsletter (published quarterly since 1973).

Catalog of audiovisual training materials (1975).

Audiovisual and written reference materials in each state of Region.

Booklet, "Crisis Nurseries: Practical Considerations."

Child Protection Team Self-Assessment Instrument (draft, 1977).

Booklet, "Colorado: Child Abuse and Child Protection Act" (1976).

Brochure describing the project.

Significant accomplishments include:

Establishment, training and technical assistance to Child Protection Team (1975-1977).

Judges and Attorneys Conference on Child Abuse and Neglect (1977).

Audiovisual and book references in each state of Region VIII.

Technical assistance to states with respect to enacted legislation:

Utah -- Child Abuse and Neglect Reporting Law (1975).

Colorado -- Child Abuse and Neglect Reporting Law with Mandatory Requirements for Child Protection Teams (1975).

Colorado -- Termination of the Parent-Child Legal Relationship Law (1977).

Wyoming -- Child Abuse and Neglect Reporting Law with Mandatory Provisions for Child Protection Teams (1977). Technical assistance provided to non-Region VIII states and legislatures under non-federal funding.

Publication of Law Guides, (Colorado, 1976) (Utah 1977) South Dakota, 1977.

Technical assistance to newly incorporated National Association of Counsel for Children (1977).

ARIZONA COMMUNITY DEVELOPMENT FOR ABUSE AND NEGLECT (ACDAN)
90-C-410

Arizona Community Development for
Abuse and Neglect
Department of Economic Security
Social Services Bureau
P.O. Box 6123
Phoenix, Arizona 85005

Bonnie Palmer, Director

Funding	Project Period
$810,000	FY 1974 - 1978

The development of community involvement "at all levels" is the key to creating effective child abuse and neglect programs. This is particularly true when funds and, therefore, person-power are limited. If community development is carried out properly, the functions which the project initiates and carries out will pass increasingly into community hands.

It should be noted that "community development" is different from "community organization." In community development, the idea is to work out possible solutions which are most responsible to community needs. Community organization implies community mobilization around prescribed solutions.

Arizona Community Development for Abuse and Neglect does not know of any other project that so extensively employs the community development philosophy at all levels to facilitate appropriate activity within an interested group and to improve community services.

Clients served by this agency include:

The Department of Economic Security/Social Services Bureau (grantee).

Community organizations and volunteers statewide.

General public.

Arizona's Indian Reservations.

Private professionals and related interested groups.

State agencies (personnel and affiliates).

Law enforcement/government officials.

Educational facilities (all levels).

Medical community.

Military installations.

Efforts are directed to specific forms of child abuse and neglect, depending on the need of the local community. It tries to address general, overall factors contributing to child abuse and neglect; it tends to focus, however, on those immediate life circumstances of the family which can cause stress. It also emphasizes social institutional factors including the lack of community support systems.

As far as major types of activities are concerned, the project gives much attention to the development of public awareness; it sees this as "critical" when combined with the proper degree of local support to promote and effectively coordinate necessary services.

Major problems encountered have been community/agency indifference, unwillingness of the public sector to get involved, and professional reluctance to participate in cooperative efforts.

Arizona Community Development for Abuse and Neglect provides no direct treatment services. It works through community agencies and groups primarily to provide basic kinds of services.

Specific services include:

Development of public and professional awareness of the seriousness of the problem and of resources which are available or can be developed.

Statewide assessment of needs and resources.

Development and expansion of the capacities of available resources.

Facilitation of public and private services.

Training.

Technical assistance.

Advocacy.

Project operations are decentralized; the project places a field coordinator in each of the state's six planning districts.

One of the functions of these field coordinators is to develop community, county and district advisory committees and speakers' bureaus. Arizona Community Development for Abuse and Neglect values the members of these groups as both workers performing a needed service and as concerned and knowledgeable persons in the community.

As the project moves into its last year, Arizona Community Development for Abuse and Neglect sees the advisory members as community representatives assuming an increasingly larger share of the project's responsibility and becoming identified experts in the community. They are to play active roles in continuing to develop widespread awareness of the seriousness of child abuse and neglect.

There are no fundamental changes planned for the Project's operation in its final year. It is felt that continued emphasis must be given to all areas of training and to promoting coordinated service networks at the community level to deal more effectively with family stress.

Significant products include:

Statewide community profiles on child abuse and neglect resources.

Public/professional awareness brochures.

Child abuse and neglect monograph series.

District newsletters.

Four national professional conference papers.

Arizona Community Development for Child Abuse and Neglect Source Book on child abuse and neglect.

Basic Skills Manual.

Educators' Manual.

Law Enforcement Manual.

School Nurses' Manual.

Reference Guide to CES/CHS Components.

Significant accomplishments include:

Established over 80 community citizen study committees to assess needs and resources and made recommendations on service gaps to be filled.

Presented nearly 800 speeches per year facilitated by Arizona Community Development for Child Abuse and Neglect trained volunteer speakers' bureau members, as well as staff.

Conducted 1200 technical assistance events per year to assist groups to deal with various problems.

Conducted more than 400 training sessions per year, representing 8400 person-days of training on topics related to child abuse and neglect and designed for location, population and awareness level.

Facilitated the development of at least 150 resources within the state for child abuse and neglect victims and their families.

Played significant part in expansion of a new reporting law passed by state legislature in 1977.

Developed district needs and resource assessments for combating child abuse and neglect at the local level.

Facilitated the active use of multidisciplinary child abuse and neglect teams.

Assessed potential for the development of family support systems at the community level

Screened materials to distribute to local resource centers in order to establish accessible, mobile training, technical assistance modules to increase the information available to the community on child abuse and neglect.

CHILD ABUSE AND NEGLECT RESOURCE
CENTER - REGION VII
90-C-483

Institute of Child Behavior and
Development
University of Iowa
Oakdale, Iowa 52319

Gerald Somomons, M.D., Project
Director

Funding	Project Period
$740,000	FY 1975 - 1978

The Center works at the community level to improve services for the prevention and treatment of child abuse and neglect. The Center maintains a low profile and provides a small, multidisciplinary core staff whose principal function is training and technical assistance. The Center provides some training itself. In the main, however, it provides the tools and materials which are needed.

The project set up and organized State Technical Assistance Teams (STAT) to work at the community level throughout the states of Kansas, Nebraska, Missouri and Iowa. The project's clients are professionals and volunteers.

Major problems are:

Lack of professional awareness of the seriousness of child abuse and neglect and the various ways of dealing with it.

Lack of cooperation and coordination between local and state agencies.

Lack of attention to rural services delivery needs.

Specific services include:

Technical assistance and training.

Organization and maintenance of state technical assistance teams (STATS).

Community education and training through STATS.

Community "systems-building" or network development through STATS with follow-up technical assistance.

Professional and public awareness activities.

The project plans one significant program change in its third year of operation: it will give major emphasis to the development of a prevention program throughout Region VII.

Significant products include:

A self-instructional Head Start training text on child abuse and neglect.

A child abuse and neglect Resource Index for two States (Iowa and Nebraska), which lists the numbers and locations of certain professionals and service institutions in each community which might serve abused and neglected children and their families. The population and some of its economic and demographic characteristics, by county, are also included.

Significant accomplishments include:

Establish a central, multidisciplinary core resources staff with capacity for training, analysis of reporting data, technical assistance to states, and dissemination of materials.

Established State Technical Assistance Teams (STAT) with responsibility for:

State and local multidisciplinary training and public awareness.

Technical Assistance to community teams and local coordinators.

Development of state-level interagency coordination.

Developed and tested preprofessional training materials, for mandated reporters, for use in college and graduate schools.

Set up center for resource materials.

Established system for collection and analysis of state reports on incidence of child abuse and neglect (for forwarding to the American Humane).

Organized prevention programs in each state through state councils, and voluntary organizations at the local level.

Held region-wide conference for clergymen which emphasized their role in prevention.

Held conference on reporting procedures from state Attorneys, General offices and state education departments.

Held region-wide conference for representatives of civic groups to encourage their involvement in prevention and activities to coordinate with State Technical Assistance Teams.

CHILD ABUSE AND NEGLECT RESOURCE
CENTER - REGION IX
90-C-484

California State University
5151 State University Drive
Los Angeles, California 90032

Herschel Swinger, Project Director

Funding	Project Period
$930,000	FY 1975 - 1978

This Center operates in an unusually diverse area in terms of geography, economic factors, culture and lifestyles. It covers California and Hawaii.

The Center believes that the best way to improve child abuse and neglect services is to develop a region-wide network of coordinated, multidisciplinary, interagency efforts. The Region was divided into six different areas with an Area Center Coordinator (ACC) to work in each one. This ACC is housed in an agency that is already part of the child protective service network to provide training and technical assistance and to play an important role in communication and coordination. The ACCs maintain a low profile and are facilitators and catalysts who recognize needs, take steps to meet these needs, and bring people together.

The project stresses a comprehensive, multidisciplinary operation and emphasizes efforts to bring about uniform standards of quality in services throughout the region.

Clients served by the Resource Center are:

Public, private and volunteer community agencies.

State decision makers.

The general public.

The greatest problems to be overcome are:

Lack of knowledge and misunderstanding about child abuse and neglect.

Fragmentation of services.

The cultural and economic diversity of the region.

Specific services include:

Training and technical assistance.

Increasing professional and public awareness of child abuse and neglect.

Specialized education and training for selected professionals in law enforcement, education, social work and mental health.

Working toward uniform and coordinated procedures to deal with child abuse and neglect and to incorporate these procedures into the services of existing agencies.

Locating and disseminating information about successful treatment models.

Education in parenting and other early intervention and prevention methods.

Support for finding funds for worthwhile programs.

Legal and legislative consultation.

Strengthening interagency cooperative efforts.

During its third year, the Center will continue its present activities but with less emphasis on general training and more on strategies to emphasize:

Improvement of services particularly for treatment and therapy.

Parenting and prevention.

Consumer involvement in design and delivery of services.

Special treatment modes for special populations.

Attention to worker "burn out."

Significant products include:

A bi-monthly newsletter - Directions.

Curriculum and training materials.

A resource and information library concentrating on the subject of funding.

Significant accomplishments include:

Establishing and maintaining a readily accessible inventory of region-wide resources.

Providing education and training to professionals and agencies.

Providing region-wide technical assistance, consulting services and overall support to area centers and local programs.

Initiating, upgrading and supporting communication linkages between programs, agencies and individuals including 24-hour help lines.

Increased emphasis on advocacy services for children.

Helping to establish the fully operational Hawaii Area Center.

Developing and implementing a treatment and training model for Spanish-speaking clients.

Dissemination of information and materials on child abuse and neglect.

CHILD ABUSE AND NEGLECT RESOURCE
CENTER - REGION X
90-C-485

Western Federation for Human
Services
Boise, Idaho 83720

James Bax, Ph.D., Project
Director

Funding	Project Period
$764,982	FY 1975 - 1978

The Center serves as a broker and facilitator and works through the state departments of human resources in the states of Alaska, Washington, Oregon and Idaho.

It works at both state and community level to:

Identify available resources and help to expand them throughout the region.

Help communities to take action that requires little funding and makes maximum use of currently available facilities.

The Center believes that child abuse and neglect in a community can only be actively dealt with when the community is ready to act. It does not believe in expending its personnel and resources to persuade localities that something must be done about the problem.

Much attention is devoted to bring the status and communities together into a coordinated, mutually supportive system.

The Center also believes that it is important to maintain a high profile within the region. It seeks to become a regional focal point for child abuse and neglect activities.

The Center's efforts include:

Education, conferences, symposia and workshops.

Speakers' bureaus and a monthly news publication.

Connection, a monthly newspaper.

Training and technical assistance.

It serves the following categories of clients:

State agencies, governors and legislators.

Community agencies, primarily child protection services.

Special organizations such as Parents Anonymous and Head Start groups.

The general public indirectly.

Major problems encountered are:

The scarcity of resources in the region.

Cultural and demographic diversity of the region.

Responding to differences within the region while achieving regional coordination and uniformity of approach.

Lack of communication among the various states.

Specific services include:

Educational activities,

Community organization to improve and make best use of existing facilities as well as develop new resources.

Coordination of organizing activities.

Training and technical assistance.

Dissemination of information about programs.

Development of professional and public awareness of problems.

Providing specific help to organizations such as Parents Anonymous and Head Start groups.

Significant products include:

Connection a monthly newspaper sent to 12,000 individuals and organizaitons.

Training packets developed from secondary sources on:

- Head Start,
- Sexual abuse,
- Rural services delivery,
- Adolescent runaways and abuse.

Significant accomplishments include:

Establishment of the center as an advocate for children within the structure of state human resource agencies.

Fostered changes in child protection services in state systems and in community organizations in more than 40 cities and counties.

Inclusion of Permanent Planning for Children as a training resource.

Development of techniques for exchange of information and expertise.

Establishment of an independent, on-going six-state adoption exchange.

Increased level of public and professional awareness of child abuse and neglect and facilities available.

Improvement in child abuse and neglect services in rural areas.

RESOURCE CENTER ON CHILD ABUSE
AND NEGLECT - REGION VI
90-C-599

Center for Social Work Research
University of Texas
Austin, Texas 78712

Michael L. Lauderdale, Ph.D.,
Project Director

Funding	Funding Period
$835,100	FY 1975 - 1978

The Center seeks to increase the capabilities of the state agencies by providing technical assistance and support services to improve operations, and to develop community groups to increase service alternatives and develop community support for children's services.

The Center employs a small core staff and a multidisciplinary approach with emphasis on the legal, medical and social work professions, it makes use of the University of Texas professional schools in working with these disciplines.

Needs are assessed in areas where improvement is needed and concentrates on providing technical assistance and training. Emphasis is on the professions and the service delivery system. Arkansas, Louisiana, New Mexico, Oklahoma and Texas are served.

Clients served are:

State public health and social service agencies.

Local community agencies.

Professionals, especially in the fields of law, social work and medicine.

General public.

Major problems are:

Need for greater technical training and assistance to improve service delivery.

Lack of coordination and cooperation among the various agencies providing protective services to children.

Need for a central clearinghouse through which printed and audiovisual materials can be made available.

Specific services include:

Development of stronger state legislation and policy in support of children's programs.

Assessment of agency operations.

Extensive technical assistance and training.

Identification and mobilization of existing resources.

Initiation of new program services.

Coordination between various agencies involved in child abuse and englect.

During the coming year, the project will continue its present activities, but will concentrate more on working with agencies to help them develop their own solutions, capacities and materials. The project will concentrate on one major technical assistance effort in each state.

Significant products include:

Regional Handbook and directory.

Video tape on the social work witness in court.

Index of child abuse and neglect bibliographical sources.

Comprehensive topical bibliography of some 4,000 entries.

Various kinds of audiovisual and presented curriculum materials.

Medical package of both printed material and video tapes for teaching in hospitals, and continuing education for medical practitioners.

Journal of the proceedings of the Second Annual Child Abuse and Neglect Conference held in Houston in May, 1977.

Monograph on corporal punishment and child abuse and neglect.

Monograph on team work among professionals in child abuse and neglect.

Monograph on the relationship between the psychohistory of the family and child abuse and neglect.

Significant accomplishments are:

Establishment of a technical information service on child abuse and neglect.

Development of training and curriculum materials and legal, medical, protective services and other areas.

Conduct of training sessions and workshops, including a series of prototype workshops relating to treatment and prevention alternatives in abuse and neglect cases.

Development of in-depth assessments of the service delivery systems which deal with child abuse and neglect.

Development of a student summer internship program for law students.

Sponsorship and management of the Second National Conference on Child Abuse and Neglect.

MIDWEST PARENT-CHILD WELFARE RESOURCE CENTER
90-C-600

School of Social Welfare
University of Wisconsin-
  Milwaukee
Milwaukee, Wisconsin 53201

Andrienne Haeuser, Director

Funding	Project Period
$750,000	FY 1975 - 1978

The best and most practical means of improving service in the prevention, identification and treatment of child abuse is to use existing state and local resources and see that they are used more widely and become more effective -- particular through coordinated multidisciplinary, multiagency approaches.

The Center feels that the best approach for their region is to organize efforts on a state-by-state basis. The Center did hold a regional conference in the first project period.

Accordingly, the Center has encouraged and assisted each state to organize a conference to define problems, needs, and service delivery networks.

The Center has also worked with the states to get necessary legislation passed and to take whatever steps are necessary to help the state quality for federal grants.

The Center assists the mandated state agency to follow the same process at the county level.

The project serves all six states in Region V: Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.

The project's client-user groups are:

State and local child protective services agencies and personnel.

Other professionals involved in the provision of child abuse and neglect services.

Interested citizens in Region V.

The general public.

Parents Anonymous.

The Center perceives the following major problems:

Low level of general awareness of the nature and seriousness of the problem of child abuse and neglect.

Low level of awareness of resources.

Insufficient quantity of quality resources, particularly multidisciplinary teams.

Lack coordination of resources.

Lack of centralized planning.

Inadequacy of laws on child abuse and neglect.

Inadequacy of delivery systems which make possible self-help for actual abusive parents or potential problem families.

Specific services include:

Public and professional awareness and education activities.

Advocacy.

Planning and coordination.

Training.

Technical assistance.

There are no major changes planned in the Center's program for the final year of funding.

Specific services include:

A library/information center.

Quarterly newsletter, Midwest Parent-Child Review.

Educational and training materials focusing on a multidisciplinary/multiagency approach.

Specific accomplishments are:

Educational and training materials focusing on sexual abuse.

Developing of syllabi for three graduate social work credit courses.

Papers written for professional conference and journals.

Developing and implementing a staff development and training program for in-house personnel.

Designing and carrying out a public information program throughout the region.

Establishing a reference library for professionals.

Developing a six-state Resource Center Advisory Committee composed of human services experts and state leaders.

Designing and implementing a consultation technical assistance program.

Sponsoring a three-day regional conference in May of 1976 for 750 persons representing 254 agencies.

Holding two-day training conferences for regional headstart personnel.

Participating in numerous training workshops throughout the region.

Conducting extensive public awareness activities.

Responding to numerous requests for technical assistance.

Initiating meetings with the six states to develop state conferences and promote state planning for child abuse and neglect.

Providing technical assistance on state legislation.

CHILD ABUSE AND NEGLECT RESOURCE
CENTER
90-C-601

Institute for Urban Affairs and
Research
P.O. Box 191
Washington, D. C. 20059

Ms. Barbara J. Stembridge, Ph.D.
Director

Funding	Project Period
$781,807	FY 1975 - 1978

It is concerned with identifying gaps in and improving services in Delaware, Pennsylvania, Virginia, West Virginia and the District of Columbia. Service and training needs are identified in close collaboration with state agencies.

The client-groups are:

State and local child protective services agency personnel.

Related child abuse and neglect professionals.

Interested citizens and the general public.

The most important problems to overcome are:

Insufficient knowledge by both professionals and the public of child abuse and neglect prevention, identification and treatment methods.

Fragmentation and lack of coordination among the child protection agencies in the region.

Lack of adequate training among workers.

Misconceptions and misunderstanding on the probable causes of child abuse and neglect.

Significant services include:

Training and technical assistance.

Education and awareness activities for professionals and the general public.

Significant products include:

Bi-monthly newsletter (RECAP) which goes to 2,000 professionals.

Resource directory which identifies professionals available for consultation.

Library of printed material, films and tapes, which handles 20 to 30 requests per week.

A training manual for professionals.

Significant accomplishments include:

Two approaches to training state protective service workers.

One approach to training allied professional groups.

Technical assistance.

To general information dissemination.

Establishing rapport with professional groups.

Nine two-day workshops and eight one-day workshops for more than over 2,000 participants in Virginia and Pennsylvania.

One or two-day training sessions for hospital emergency room staffs, nurses and Head Start and day care center personnel.

Training sessions for approximately 2,500 related professionals.

Three-day advance training development seminar for 30 supervisors and specialists in state of Virginia.

Analysis of the service delivery system of the Department of Social Welfare in Delaware (carried out with Federal Regional specialists in Philadelphia).

A state-wide public awareness campaign on child abuse and neglect in Pennsylvania.

A needs assessment for the state of West Virginia.

A local Parents Anonymous group by providing consultation and telephone answering service in the District of Columbia.

Assistance in the development of multidisciplinary teams.

Formats for the exchange of information and ideas.

Appropriate reporting forms and central registry procedures for the Department of Human Resources of the District of Columbia.

Here are typical comments on the new child abuse and neglect public awareness program:

“[illegible]”

“[illegible]”

“[illegible]”

DHEW Publication No. (OHD) 77-30100

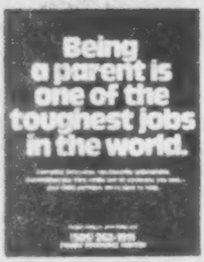
The National Center on Child Abuse and Neglect announces the availability of public education materials designed for agencies and organizations in the field of child abuse and neglect.

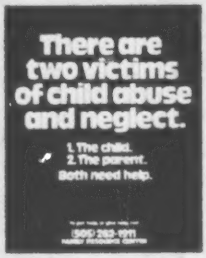
These materials reflect a non-punitive approach intended to bring about awareness and concern for a serious problem. They contain a message of help for parents and support them in seeking help on their own. They do not solicit third-party reporting. Abusing parents are not portrayed as villains. Battered children are not featured.

It is a carefully researched media package. Twenty protective services agencies throughout the United States – along with media and public affairs professionals – helped to develop the materials.

All the materials – TV and radio spots, posters and advertisements – are designed to include the name and telephone number of a local treatment agency or the legally responsible state agency.

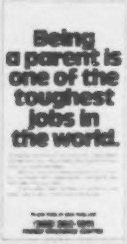
Posters (3)


Being a parent is one of the toughest jobs in the world.
(505) 262-1911


There are two victims of child abuse and neglect.
1. The child.
2. The parent.
Both need help.
(505) 262-1911

2000 children will die this year from child abuse and neglect.
(505) 262-1911

Newspaper/Magazine Ads (3)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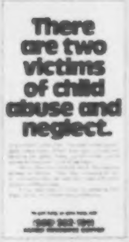
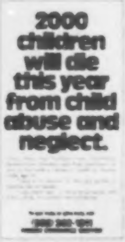

There are two victims of child abuse and neglect.


2000 children will die this year from child abuse and neglect.

Television Spots (6)

THE CRIB
This spot is aimed directly at the single, isolated parent. The scene is a child's bedroom, with toys and an empty crib. The narrator, a distraught woman, tells of being alone, of trying to meet the baby's needs while her own go unmet, and of having angry feelings. The upbeat ending provides sympathy and hope. (Also available in Spanish.) –30 seconds

TWO THOUSAND CHILDREN
Aimed at the general public, this spot is intended to heighten awareness of the seriousness of the problem. The scene of a lively, noisy playground filled with children changes starkly, as the narrator tells of one major killer of children that medical research cannot control. (Also available in Spanish.) –30 seconds

COUCKY BABY
Aimed directly at abusing and potentially abusing parents, this spot is intended to encourage parents to seek help. It vividly demonstrates the effects of stress on a family. When the father arrives home late from work, tired, hungry and drenched from the rain, he finds no dinner. The baby's cries add to his stress. As he and his wife begin to argue, tension builds to a dramatic climax. –60 seconds

FAMILY ALBUM
Aimed at parents and the general public, this spot focuses on serious neglect. A family photograph album, with pictures of a pregnant mother, plus infant and toddler snapshots, eventually reveals an extreme result of lack of proper attention and care. –30 seconds

THREE CHILDREN ALONE
The danger of leaving children alone is the subject of the message to parents. The scene is a middle-class home in which three children are alone. The oldest, a boy about eight, tries to gain control of a potentially dangerous situation, as the narrator cautions on the physical and emotional damage that can result. –60 seconds

CHILDREN'S DRAWINGS
The emotional damage caused by neglect is the subject of this spot. A school bulletin board displays the work of a class– authentic homework papers and art. One "self-portrait" actually done by a neglected child, clearly points up a somber effect of emotional neglect. –30 seconds

Radio Spots (5)

2,000 CHILDREN
A striking parallel is drawn between diseases that science has cured and one for which there is no medical cure. –30 seconds

CYCLE
This spot addresses the cycle of abuse and neglect, and the need for greater awareness and concern. –30 seconds

TESTIMONIAL
A member of Parents Anonymous describes in his own words the rage he felt as his baby cried, his feelings of anger and helplessness, and his relief at knowing that help is available. –60 seconds

EMERGENCY ROOM
In a hospital emergency room, a doctor describes the severe physical damage inflicted on a child. The mother's version of what happened, an apparently familiar and unlikely story, calls attention to the aspect of repeated abuse. –30 seconds

A MOTHER SPEAKS
A distraught woman tells of her feelings of isolation and anger, and her fear of what she'll do to her child. Her self-expression is followed by a suggestion for those who identify with her feelings. (Also available in Spanish.) –30 seconds

Manual

"How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect"–it's full of ideas and tips on conducting locally initiated activities, and will help to round out your public awareness program. Single copies available at no cost.

This program is designed for local community and state agencies. Your Federal Regional Child Abuse and Neglect Specialist will arrange a preview of the materials, and will help you develop a full public awareness program making use of them.

The cost of the media materials will vary, depending on the technical requirements of the local stations. For agencies which can produce their own local tag-lines, one set of 16mm film prints, including all six TV spots, will cost less than $40.00.

Mail the reply card provided below to
your Regional Specialist (see other side for address).

Yes! I'd like to:

- ☐ receive the manual.
- ☐ preview the media materials.
- ☐ receive further information on developing a full public awareness program.

Name__________ Title__________

Agency__________

Address__________

City__________ State__________ Zip__________

Telephone__________

Place this card in an envelope and mail to your Regional Specialist.

For further information, mail this card
to your Federal Regional Specialist:

In Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont:

Child Abuse/Neglect Specialist
Region I – DHEW
JFK Federal Building
Government Center
Boston, Massachusetts 02203

In New York, New Jersey, Puerto Rico, Virgin Islands:

Child Abuse/Neglect Specialist
Region II – DHEW
Federal Building
26 Federal Plaza
New York, New York 10007

In Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia:

Child Abuse/Neglect Specialist
Region III – DHEW
HEW Building
P.O. Box 13716
3535 Market Street
Philadelphia, Pennsylvania 19101

In Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee:

Child Abuse/Neglect Specialist
Region IV – DHEW
Peachtree Seventh Building
50 Seventh Street, N.E.
Atlanta, Georgia 30323

In Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin:

Child Abuse/Neglect Specialist
Region V – DHEW
3400 South Wacker Drive
Chicago, Illinois 60606

In Arkansas, Louisiana, New Mexico, Oklahoma, Texas:

Child Abuse/Neglect Specialist
Region VI – DHEW
Fidelity Union Tower
1507 Pacific Avenue
Dallas, Texas 75201

In Iowa, Kansas, Missouri, Nebraska:

Child Abuse/Neglect Specialist
Region VII – DHEW
Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

In Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming:

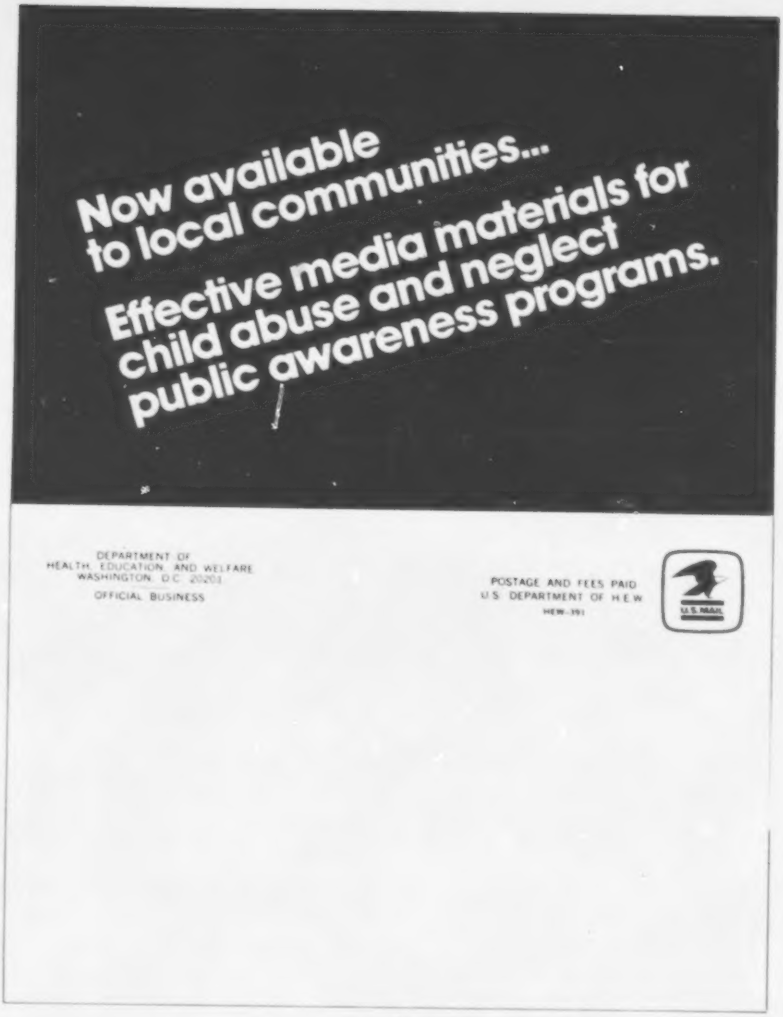
Child Abuse/Neglect Specialist
Region VIII – DHEW
Federal Office Building
1961 Stout Street
Denver, Colorado 80202

In Arizona, California, Hawaii, Nevada, Guam, Trust Territories of the Pacific, American Samoa:

Child Abuse/Neglect Specialist
Region IX – DHEW
Federal Office Building
50 Fulton Street
San Francisco, California 94102

In Alaska, Idaho, Oregon, Washington:

Child Abuse/Neglect Specialist
Region X – DHEW
1321 Second Avenue
Seattle, Washington 98101



Now available
to local communities...

Effective media materials for
child abuse and neglect
public awareness programs.

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HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

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HEW-391

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Publication	No. of Copies Distributed
Child Abuse and Neglect Prevention and Treatment Program, 45 CFR Subtitle B, Part 1340, Federal Register, Vol. 39, No. 245, December 19, 1974.	15,000
P.L. 93-247	7,500
Research, Demonstration, and Evaluation Studies on "Child Abuse and Neglect": The Intradepartmental Committee on Child Abuse and Neglect, Fiscal Year 1974, DHEW	10,000
Child Abuse and Neglect: A Report on the Status of the Research	12,000
Child Abuse and Neglect: The Problem and Its Management, Volume 1 — An Overview of the Problem	35,000
Child Abuse and Neglect: The Problem and Its Management, Volume 2 — The Roles and Responsibilities of Professionals	35,000
Child Abuse and Neglect: The Problem and Its Management, Volume 3 — The Community Team, An Approach to Case Management and Prevention	35,000
Child Abuse and Neglect Activities DHEW	25,000
Children Today - Building a Community Response to Child Abuse and Maltreatment, (Sept/Oct. 1975)	3,000
Child Neglect: An Annotated Bibliography	7,000
Children Today - May/June, 1975 DHEW	16,000
Comprehensive Emergency Services: A System Designed to Care for Children in Crisis - DHEW	4,000
(The) Extended Family Center "A Home Away From Home" for Abused Children and Their Parents. Reprinted from Children Today, Mar/Apr. 1974, Vol. 3, No. 2 (2-6)	8,000
Profile of Neglect: A Survey of the State of Knowledge of Child Neglect	7,000
Working With Abusive Parents from a Psychiatric Point of View - DHEW	95,000

Publication (Cont'd)	No. of Copies Distributed
(The) Diagnostic Process and Treatment Programs - DHEW	95,000
Report of the U.S.D.H.E.W. to the President and Congress of the U.S. on the Implementation of P.L. 93-247, the CA/N Prevention and Treatment Act	10,000
Child Abuse and Neglect Programs	3,000
Child Abuse and Neglect Programs, Supplement	3,000
Child Abuse and Neglect Research: Projects and Programs	1,000
Child Abuse and Neglect Research: Projects and Programs, Supplement	1,000
Child Abuse and Neglect - Posters	4,000
Children Today - Defining Emotional Neglect (A Community Workshop Looks at Neglected Children) (Jan/Feb 1976)	3,000
Federally Funded Child Abuse and Neglect Projects 1975	[illegible],000
How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect	5,000
Planning and Implementing Child Abuse and Neglect Service Programs	1,000
Child Abuse and Neglect Reports	45,000
A Guide to Protective Services for Abused and Neglected Children and Their Families	1,000
Proceedings of the First National Conference on Child Abuse and Neglect	1,000
Research, Demonstration, and Evaluation Studies - Fiscal Year 1976, DHEW OHD	3,500
Total	505,000

ALABAMA

FY '76 (1st Year Funded) ($66,187)

Funds were used to purchase a beeper signaling system for all 67 county departments. Beepers will allow for 24 hr. protective service coverage. Also, in 25 counties a child abuse reporting line and answering service will be provided.

T.Q. ($47,818)

Alabama used its funds to develop a demonstration homemaker unit on one site in order to determine the most effective method of service delivery (in-house or contractual).

FY'77 ($66,187)

Funds will be used to develop and implement homemaker service in one northern and one southern Alabama County for maltreated children whose individual needs can be best met in their own home with the support and services of a homemaker.

AMERICAN SAMOA

FY 1977 (First Year Funded) ($20,584)

The Child Protection Act of American Samoa was signed into law in 1977 and they plan to use their state grant funds to assist in the implementation of the Act.

Through the use of the State grant Samoa will establish for the first time, a child protection agency as an independent department under the Director of Health. A Child Protection Officer will be employed and have responsibility for (1) conducting investigations of all reported cases of child abuse and neglect, (2) coordinating child abuse and neglect activities of the Health Department, Police and the Court of American Samoa and (3) establishing a central register.

ARKANSAS

FY'75 (1st Year Funded) ($36,800)

Funds were used to develop a more comprehensive statewide system of protective services, particularly in rural areas. The Central Register will be redesigned to accept neglect as well as abuse cases.

FY'76 ($45,659)

Funds were used to: (1) redesign the central register, (2) initiate a hotline and after-hour answering service and (3) develop baseline data.

T.Q. ($35,971)

Funds were being used to strengthening alternatives to shelter care and long term foster care. In addition funds will also support a multidisciplinary technical assistance consultation team to provide extensive training for social service staff members.

FY'77 ($45,659)

Funds will be used to develop multidisciplinary team involvement in service delivery. Emphasis will be on expanding current services, the Central Registry, and public awareness. Service planning and policy development will also be undertaken.

CALIFORNIA

FY'76 (1st Year Funded) ($269,273)

California used its funds to (1) establish an Office For Child Abuse Prevention in the Social Services Division of the State Dept. of Health (5) staff positions funded.) This office will work on program planning, coordination and development of a statewide system for child abuse prevention and (2) initiate pilot projects directed towards identification and treatment; making use of volunteers; providing day care and training parents.

T.Q. ($170,215)

Funds were used to develop a statewide computerized information system on child abuse and neglect.

FY'77 (269,283)

Funds will be used to further develop the State Office of Child Abuse Prevention, initially funded by the '76 state grant.

The office will coordinate efforts of existing community resources and prepare for the establishment of a State Advisory Committee on Child Abuse, organize Advisory meetings, select sites for pilot programs, help develop the new Central Registry and provide T.A. to Statewide programs.

COLORADO

FY 1975 (First Year Funded) ($41,400)

Funds were used to develop and implement a computerized central registry of child abuse and neglect cases.

FY 1977 ($51,452)

Funds will be used to develop a curriculum for training foster parents who provide day to day, around the clock service and care for abused and neglected children. Despite the training and staff development for professionals, who work with abused and neglected children and their families, very little has been done for meeting the training needs of foster parents. Upon the development and design of a curriculum, Title XX funds will be used for the actual training.

CONNECTICUT

FY'75 (1st Year Funded) ($44,700)

State grant funds were used to initiate a program of standby protective services to cover nights and week ends.

FY'76 ($56,934)

Funds were used to continue the program described above.

T.Q. ($41,875)

1. Funds were used to facilitate the provision of a 24 hour CES service in three communities by hiring a full-time community coordinator to help implement each community's model.
2. One community will receive money to enable it to develop and pay for a 1 yr. demonstration model of emergency homemaker capability.

FY'1977 ($56,934)

Funds will be used to (1) strengthen the beginning program of standby Protective Services to cover all non-working hrs. and develop it into an on-going state delivery of services and (2) develop and implement Comprehensive Emergency Services programs in Waterburg, New Haven, and Norwalk.

DELAWARE

FY 1976 (First year funded))$27,309)

Funds were used to (1) provide legal representation to all children involved in custody proceedings resulting from child abuse and neglect, (2) provide Delaware citizens with information about the nature and extent of child abuse and neglect in Delaware (3) establish an on-line computerized information system and (4) expand the kinds of data kept on child abuse and neglect to include more socio-ecomonic indicators associated with the incidence of child abuse.

FY 1977 ($27,309)

Delaware proposes to use its funds for three program elements:

(1) Continuation of legal assistance to abused and neglected children by a deputy Attorney General who was employed last year with State Grant funds.

(2) Implementation of the central registry.

(3) Strengthen protective services through the employment of two social workers for New Castle , Kent, and Sussex Countries.

WASHINGTON, D.C.

FY'77 (1st Year Funded) ($41,576

- Funds will be used to (1) institute a "Family Stress Hotline" which is a preventive program designed to provide referral and counseling services to parents under stress and (2) develop a community education program informing District residents of the new abuse and neglect law, causes of abuse, and available community treatment resources.

FLORIDA

FY 1977 (First year funded) ($62,377)

Florida plans to use its FY 1977 funds to develop its comprehensive emergency services system by adding emergency caretakers and emergency homemakers to the service system. The program is based on the recognition of the need for a child to remain in his own home in crisis situation unless that situation presents an immediate danger to his health and safety. The goal is to strengthen the parent-child relationship and avoid the potentially damaging effects of placement.

GEORGIA

FY'76 (1st Year Funded) ($84,265)

Georgia used its funds to hire staff to establish 24 hour emergency services in four counties. These counties will serve as pilot projects to ascertain the effectiveness of such a service.

T.Q. ($58,613)

Funds were used to develop the Emergency Caretaker and Emergency Homemaker Service components of the Comprehensive Emergency Services program.

FY 1977 ($84,265)

There are four components to Georgia's program for FY 1977:

1. Provision of technical assistance to state level representatives of the Departments of Education, Human Resources, Mental Health, Health, and Youth Services who have a role in the identification and treatment of child abuse and neglect.
2. Training in the supervision and administration of child protective services to new District Directors in District social services offices.
3. Train 60 special deputies, (attorney's) in juvenile court practice and procedure for child neglect and abuse cases.
4. Expand the Central Registry to include reports of neglect and develop a computerized system to handle the volume of information to be received.

HAWAII

FY'74 (1st Year Funded) ($2,514)

Hawaii used its funds to hire 1 part-time worker for 3 months to develop a Community Education Program on Child Protective Services.

FY'75 ($27,200)

Funds were used to hire a social worker to initiate an intake service for child abuse and neglect cases.

In addition a Public Information Specialist was hired to develop and implement the community education program.

FY'76 ($30,963)

Funds for FY'76 supported the services initiated in FY 1975 and described above.

T.Q. ($26,676)

Funds were used to purchase the services of an Intake Social Worker and a State Child Protective Services Information Specialist (These 2 specialists are presently developing a community education program).

FY'77 ($30,963)

Funds will be used to employ a paraprofessional Protective Service Intake Aide to screen and refer cases thus allowing the intake worker more time to investigate complaints and assist persons calling for consultation. In addition, funds will continue the support of the Information Specialist so services can be expanded to neighboring islands.

ILLINOIS

FY'75 (1st Year Funded) ($112,800)

Illinois used its funds for the following purposes:

1. The Central register was updated and improved.
2. Direct service responses have been improved by the addition of staff and improved procedures developed for case handling, staff development and training.

FY'76 ($158,443)

Funds were used to add 4 staff positions to the Emergency Protective Staff in Chicago in order to maintain a 24 hr. response mandate.

FY'77 ($158,443)

Illinois plans to use its funds to: (1) Complete the integration of the additional staffing in the Chicago Central Protective Services units thus completing the initial objective of strengthening and expanding services; (2) Establish a specialist in Protective Services at the State Level to be the principal staff person to assist in the development and implementation of policy, and provide technical assistance to Area Field Offices and (3) Update the record maintenance of the Central Registry by putting records of the first ten years on microfiche, in keeping with State Archives policy, thereby providing ready access for operational and research purposes and at the same time reducing problems and dangers of inadequate storage and inaccessibility of information.

KANSAS

FY'76 (1st Year Funded) ($46,726)

Monies were used by the State to fund local programs and demonstration projects (example: project for Chicano migrant worker's children)

T.Q. ($35,980)

Funds were used to strengthen and expand an Education for Parenting program in Wyandotte and Johnson Counties.

FY'77 ($46,826)

Funds will be used to recruit and train volunteers who will contact all families with newborns within a week of release from the hospital. (volunteers will give parental aid and guidance)

LOUISIANA

FY'76 (1st Year Funded) ($71,940)

Funds were used for training and consultative workshops, purchase of equipment and resource material, and conduct child abuse and neglect symposiums.

T.Q. ($51,156)

Funds were used to extend 24 hr. Comprehensive Emergency Services and expand the use of a multidisciplinary team approach to 3 additional state regions.

FY'77 ($71,940)

Louisiana utlizes Child Protection Centers throughout the State for the delivery of services to abused and neglected children and their families. The use of FY 1977 funds will go toward the development of needed services in the Centers.

1. Legal consultation will be given to child protective services workers in Caddo, Vernon, Terrebonne, Orleans, and St. Mary Parishes.
2. Psychological and psychiatric consultation will be provided in Vernon, Orleans, and East Baton Rouge Parishes.
3. Pediatric consultation will be given in Vernon parish.
4. Training will be provided for line supervisors in protective services including the purchase of a training module.
5. Funds will be made available to the State Technical Advisory Committee for travel, public awareness and reproduction of materials. The Committee was created by the Governor's Executive Order in December 1976 for the purpose of developing a Child Protection Plan.

MAINE

FY'75 (1st Year Funded) ($28,600)

Funds were used to hire a person to develop guidelines and criteria for the appointment of guardians ad litem and clarify the role and relationship of the guardian ad litem and the protective services staff.

FY'76 ($33,180)

Funds were used to support a Comprehensive Emergency Service in Tennessee County (The CES project will purchase certain services: emergency homemakers, caretakers, foster care, or group home care.

T.Q. ($27,955)

Funds were used to hire 3 new Social Worker aids to staff a 24 hr. Emergency Intake Component to the Tennessee County Comprehensive Emergency Services program.

FY'77 ($33,180)

1. A portion of the state grant will go to legal staff for the development of judicial policy and support community Ed. programs on legal aspects of CA/N.
2. The remainder of funds will be used to give continued support to the Tennessee County comprehensive emergency services project and to establish CES programs in other areas of the state.

MASSACHUSETTS

FY'75 (1st Year Funded) ($65,800)

Funds were used to hire 3 people to assess the effectiveness of existing services, identify gaps in services, find private and public resources to become more involved in child abuse and neglect programs, and to interest local citizens committees to deal with child abuse and neglect. (Project Children At Risk)

FY'76 ($88,775)

Funds were used to support the Project Children At Risk initiated in FY 1975.

T.Q. ($60,981)

Funds were used for the establishment of 24 hr. Comprehensive Emergency Service (CES) Systems in Massachusetts communities.

FY'77 ($88,775)

Massachusetts plans to continue the support of Project Children At Risk. FY'77 funds will specifically provide the salaries for the six project staff. Staff will be responsible for expansion of community education and awareness programs, development of service packages for use by local councils, conduct evaluation and needs assessments, and assist communities in developing Comprehensive Emergency Services.

MICHIGAN

FY'76 (1st Year Funded) ($139,316)

Funds were used to fund a shelter home project to meet the increased number of referrals requiring temporary care pending court hearing. Infants at risk would be identified through prenatal care, health screening and pediatric care. Remedial Services would be provided as needed.

A primary prevention project will also be initiated.

T.Q. ($91,184)

Funds were used to develop the Central Registry which will assist social workers in their efforts to handle an increasing load of neglect referrals.

FY 1977 ($139,316

Funds will be used to continue the programs initiated in FY 1976 and described above.

MINNESOTA

FY'75 (1st Year Funded) ($53,400)

Funds were used to hire a project coordinator responsible for coordinating the current programs of child abuse and neglect in the State departments of Welfare, Health,correction and Education.

In addition educational programs concerned with the medical aspects of abuse and neglect were developed..

FY'76 ($70,309)

Funds were used to create a staff position for an independent coordination of child abuse and neglect programs and another position for a resources coordinator.

T.Q. ($49,877)

The State plans to produce a Procedures Manual and Guide for the development and functioning of a multidisciplinary approach in local communities. The manual will present practical information about the various aspects of the community -team approach, discussions of the various modalities of identification and treatment, educational resources, and legal procedures; example of community teams now functioning, examples of policy statements; and forms developed by various professional disciplines.

FY 1977 ($70,309)

Funds will be used to complete the Procedures Manual and Guide described under T.Q. above.

MISSISSIPPI

FY'77 (1st Year Funded) ($52,308)

Funds will be used to develop and implement a child abuse and neglect advocacy program for the state. Objectives are to develop for the general public improved knowledge about reporting and reporting procedures; advocate children and family rights to receive assistance; train CA/N teams and foster parents, and provide professionals with various approaches to coping with situations of child abuse and neglect.

MISSOURI

FY'75 (1st Year Funded) ($58,100)

Funds were used to create four staff positions in order to conduct comprehensive research and planning activities aimed at developing new treatment capabilities or expanding existing programs.

In addition funds were used to develop a public education and awareness program through use of statewide conferences and a "Report To The Public".

FY'76 ($77,462)

Funds were used for 5 staff positions to provide public education on a statewide basis.

T.Q. ($39,579)

Funds were used to secure a mini computer for the use of the statewide hotline and central registry. The computer will promote the efficiency of the hotline and update the central registry.

FY'77 ($77,462)

Funds will be used to: (1) expand and maintain a hotline to accept self referrals for counseling, (2) update the central registry, and (3) continue the expansion of the public awareness program.

NEBRASKA

FY 1977 (First Year Funded) ($39,090)

Nebraska will use its funds to provide parent aides to families of abused and neglected children in three service areas of the Department of Public Welfare. The program will strengthen the child abuse and neglect treatment program by providing a supplementary service for families of abused and neglected children. It's expected that the parent aides, functioning as friends to the parents, will be able to provide the support and guidance which social workers are unable to provide because of other demands on their time.

NEW MEXICO

FY'77 (1st Year Funded) ($39,090)

Funds will be used to implement a service delivery system which is concerned with strengthening ongoing programs rather than generating new ones.

NEW YORK

FY'74 (1st Year Funded) ($12,422)

Funds were used to increase public awareness of available protective services at the local and state levels.

FY'75 ($161,700)

1. Funds were used to create 2 staff positions for the purpose of providing technical assistance to local districts. Particular attention was given to providing public information and education program information.

2. On a contractual basis, New York surveyed various automated central registry systems and evaluated their potential usefulness in the New York system.

FY'76 ($231,806)

1. The bulk of funds are used for a demonstration project in New York. Among the services provided by this project are: casework and group work, lay therapy, psychiatric and psychological evaluations, consultation, and 24 hour access to staff for parents in crisis. Services available to the project by purchase include day care, homemakers, legal assistance, family planning, crisis nursery, housing, employment and recreational services.

2. Funds are also being used to continue technical assistance to local areas.

T.Q. ($146,375)

Funds are used to develop and support a Central Group Diagnostic Placement Facility providing an alternative emergency care facility for children unable to beenfit from emergency foster care.

FY'77 ($231,806)

Funds will be used to:

1. Increase field staff capability of the state office in order to render specialized technical assistance to local social services districts.

2. Support treatment projects in New York City through the Office of Special Services for Children in order to strengthen the City's treatment services for maltreated children and their families.

NEW YORK

FY 1977 (continued)

3. Strengthen the New York State Child Abuse and Maltreatment Register.
4. Develop a communication system for disseminating and utilizing child abuse and neglect research findings.
5. Implement a special dissemination plan for the NCCAN training curriculum.

458

NORTH CAROLINA

FY 1977 (First year funded) ($86,987)

Funds will be used to provide legal services for child protective services staff in county departments of social services. The four attorneys employed by the project will provide consultation on individual neglect/abuse cases, teach basic legal aspects of child protection to social work staff and help the staff develop professional, cooperative relationships with local law enforcement agencies, lawyers, and judges. Since the project would be short term, it is anticipated that the attorney would help each department of social services develop a plan within its community for obtaining adequate legal consultation on a continuing basis.

NORTH DAKOTA

FY'75 (1st Year Funded) ($25,500)

Funds were used to hire a staff coordinator to provide overall direction to the State project. Project objectives included: a) public awareness b) education of professionals c) evaluation of social service staff needs and training in areas of prevention, identification and treatment, d) upgrading the central register and e) recruitment of foster parents for crisis situation and training of social service workers in crisis intervention techniques.

FY'76 ($28,243)

Funds were used to hire staff members to coordinate all state child abuse and neglect activity. Funds were also used for the printing of professional brochures and purchasing of consultant services for educational workshops.

T.Q. ($24,901)

Funds were used to hire 2 workers to serve as full-time Child Protection Coordinators in two State regions. In addition a specialist will be employed to develop a court referral format, including intake procedures, and a working agreement between the courts and child protective service agency.

FY'77 ($28,243)

Funds will be used to continue, the support of a State Supervisor of CPS services. This supervisor will develop state-wide policy and procedures, provide technical assistance, work with 8 area service centers to monitor child abuse and neglect activity, and provide training and program evaluation.

In addition a Public Information Specialist will be hired to implement a plan for use of NCCAN public awareness materials.

OHIO

FY 1977 (1st Year Funded) ($155,256)

Funds will be used to: (1) strengthen the central registry by adding needed support staff (2) revise the Department of Public Welfare's Standards and Guidelines on protective services (3) purchase training and education materials for use by professional organizations, community groups and individuals (4) conduct training needs assessment (5) develop a 24-hour "hot line" and (6) initiate innovative approaches to the prevention of child abuse and neglect.

OKLAHOMA

FY'75 (1st Year Funded) ($41,000)

Funds were used to develop and distribute informational packets designed for those persons and agencies designated as mandated reporters and for those persons in agencies that have daily contact with children.

Funds were also used to enhance the validity of reports by purchasing medical diagnoses and evaluation of children not eligible for such services under existing programs.

FY'76 ($52,192)

Funds were used to develop an intradisciplinary Child Abuse and Neglect Demonstration Committee within the Childrens Memorial Hospital. The committee staff will include members from the departments of Pediatrics, Radiology, Family Medicine, Nursing Services and Social Services. This team will formulate, develop, and apply institutional policy regarding child abuse and neglect.

T.Q. ($39,318)

Funds are being used to improve and maintain the efficiency of the hotline as a state-wide receptor of child abuse reports. Efforts to promote efficiency will include the installation of a toll-free watts line and the development of a standardized intake form for use by all offices.

FY'77 ($52,192)

Oklahoma will use its FY 1977 funds to support two major program initiatives. The first is a Crisis Service Center at the Oklahoma Children's Memorial Hospital for families of children where child abuse or neglect is suspected or where children are believed to be at risk. Immediate services will be available to deal with problems of employment and training, housing, child care, income, and health. The second initiative will focus on the establishment of Child Protection Committees in Rural Areas which will have these objectives: (1) obtain the input of a local multidisciplinary team in diagnosis and (2) achieve a coordination of efforts in prevention and treatment.

PUERTO RICO

FY'76 (1st Year Funded) ($65,643)

Funds were used to hire staff to establish a referral unit for child abuse and neglect cases. The unit would make preliminary determinations and evaluations in reported cases.

T.Q. ($51,819)

Funds are used to hire additional staff for the purpose of establishing a central register. Funds are also used to provide consultant fees and provide for preparation of public education materials.

FY'77 ($65,643)

Funds will be used to develop a "day care center" for the family. Families will spend approximately eight hours a day at the center and will be taught how to cope with household and parental responsibilities.

SOUTH CAROLINA

FY'77 (1st Year Funded) ($56,974)

Funds will be used to develop 3 community programs to prevent child abuse and neglect:

a) Fairfield County: develop a multi-purpose treatment center for abused and neglected children and their families. The objective is to remedy the heavy reliance on foster care placement in this county.

b) Lexington County: develop a parenting skills education program.

c) Charleston County: develop a program to extend availability of emergency services to military families in crisis. (24 hr. homemaker services, transportation services, emergency grandparents.)

SOUTH DAKOTA

FY'76 (1st Year Funded) ($28,748)

Funds were used to develop a public awareness program. The objectives were media saturation, education of mandated reporting sources, and the provision of training capsules for colleges, nursing schools, law schools and the police academy.

T.Q. ($25,232)

Funds were used to expand: previous grant funded activities concerned with public awareness of child abuse and neglect, central registry reporting, and training. In addition, funds will be used to develop a demonstration Comprehensive Emergency Service project.

FY'77 ($28,748)

Funds will be used to support two program initiatives in South Dakota. One would enable the Department of Social Services to support a part time position of a child abuse and neglect coordinator in the State. This would enable the State to provide, for the first time, a designated office to coordinate child abuse and neglect activities. In addition it would provide: (a) a clearinghouse calendar for groups sponsoring workshops, meetings, and forums; (b) a resource and distribution source; (c) technical assistance and (d) liaison for interstate activities.

The second program component would support a 24 hour comprehensive emergency service parent aide project at the Rosebud Indian Reservation. Hopefully the use of parent aide and coordination of activities with child protection teams will help keep families intact and eliminate some foster care placements.

TENNESSEE

FY'74 (First year funded) ($4,399)

Tennessee used its funds to hire a State coordinator for the Department of Public Welfare. The coordinator's job is to consult with appropriate persons to review, comment on, and approve all local and state level grant requests for child abuse and neglect programs. In addition the coordinator integrates existing services, develops Parents Anonymous and volunteer programs, and works with the regional coordinator to maintain compliance with state plans.

FY'75 ($53,600)

Funds were used to develop training materials for state social service workers and other officials.

FY'76 ($70,581)

Funds were used to meet overtime payments for caretakers and homemakers in order to facilitate implementation of a Comprehensive Emergency Services System (including 24-hour emergency intake).

T.Q. ($50,635)

Funds were used to improve the effectiveness and expand the recently implemented CES system.

FY'77 ($70,581)

The State grant to Tennessee will be used to provide help to teenage single mothers and expectant mothers in an effort to reduce child abuse and neglect. A disproportionately high number of perpetrators of child abuse and neglect come from this group of mothers.

The program proposes to provide services to approximately 100 teenage single mothers or expectant mothers through ten parent education/personal development groups composed of 10-12 members each. In addition many of the girls and their families will receive individual outreach services as needed.

TEXAS

FY'76 (1st Year Funded) ($176,716)

Funds were used to support nine staff positions in order to provide protective services intake.

T.Q. ($114,982)

Funds were used to develop a demonstration model program. After a family crisis and a child's removal to foster home, project staff will monitor the case. The objective of such monitoring is to reduce the time a child remains in temporary foster care and to provide permanent alternatives for children when the return to their own homes is not feasible.

FY'77 ($176,716)

Funds will be used to develop quality controls for abused and neglected children in need of residential care. The most essential elements of the program are:

1. Maintain an adequate resource file and information system, at the regional level, of facilities within the region and at the State level for child placements.

2. Requirement of a placement agreement between the Dept. and all non-DPW care facilities participating in the Departments' child placing program.

3. Provision of periodic program reviews by the Department's Child Protective Service Division.

The overall goal of the project is to assure that foster children who need institutional or group care because of special problems are receiving the best services available to their individual needs.

UTAH

FY'75 (1st Year Funded) ($31,200)

Funds were used to purchase the services of the Department of Pediatrics of the University of Utah Hospital. The objective of these consultations will be to provide: (1) assistance in identification and diagnosis of child abuse and neglect, (2) expert court testimony, (3) recommendations for case planning and health counseling to families and (4) interpretation of medical tests.

FY'76 ($37,224)

Funds were used to hire staff to develop a state office for child abuse and neglect. A portion of funds were used to purchase the services of a pediatrician to aid the Department in identification, diagnosis and treatment of injury.

T.Q. ($30,677)

Utah used its funds to develop a "Sharing Parents" Program which will utilize parents, with successful parenting experience, in a helping role with parents that have abused or neglected their children.

FY 1977 ($37,224)

Utah will continue the "Sharing Parent" program described above. In addition funds will also be used to develop and implement a Family Support Center which will provide child care, individual and group counseling and group therapy to families in crisis.

VIRGINIA

FY'75 (1st Year Funded) (59,700)

Funds were used for the establishment of a central register, public awareness campaign, training of child protective services workers, education of mandated reporters, establishment of statewide policies and prodecures, and providing technical assistance to local programs.

FY'76 ($80,572)

Funds were used for the development of a hotline. (central office telephone, supplies, office equipment, new position in CPS Bureau.)

T.Q. ($[illegible],411)

Funds were used to hire staff to develop computerized central registry and to develop quarterly newsletter which will serve a public awareness function.

FY'77 ($80,572)

Funds will be used to develop five program areas:

1. Central Registry programmer's service will be purchased to assist in the set-up and actual implementation of central registry.
2. Educational information materials on child abuse and neglect will be prepared and disseminated.
3. There will be entry level training and continuing education for protective service workers.
4. Supplies, printing and xeroxing will be provided for the hotline.
5. Travel expenses for state child abuse and neglect committee members.

VIRGIN ISLANDS

FY 1977 (1st Year Funded) ($21,012)

Funds were used in the Virgin Islands to (1) develop policies and procedures to implement the 1976 amended reporting law and (2) establish a specialized unit in the Department to handle child abuse and neglect cases on the islands.

WASHINGTON

FY'76 (1st Year Funded) ($62,339)

Funds were used to hire staff to design and implement an information system (central register) capable of program monitoring, planning and evaluation.

T.Q. ($45,663)

Funds were used to hire a Social Service Program Specialist to develop and expand 24 hr. comprehensive emergency service throughout the state.

FY 1977 ($62,339)

The Washington program contains these three components:

(1) Updating the central registry to confirm with the amended reporting law.

(2) Develop and maintain Parents Anonymous chapters in Washington State.

(3) Initiate a crisis nursery for parents who feel they may abuse their child. The nursery will have a child enrichment program for abused/neglected children ages 2-5 years who can benefit from stimulating group activities not available in ordinary day care.

WEST VIRGINIA

FY 1977 (First year funded) ($41,576)

Funds will be used to develop and implement, in Kanawha County, a Comprehensive Emergency Service Program for abused and neglected children and their families based upon the Nashville model.

Through the CES in Kanawka County County the Department will provide:

(1) 24-hr. answering service

(2) Public Education

(3) Emergency family homes

(4) Access to a hospital based child abuse team for diagnosis and treatment.

The determination of priorities of developing new services will be dependent upon an initial inventory of all services for children and families in the County.

Number and Percent of Child Abuse and Neglect Reports Indicating Spouse Abuse

	# Validated Reports	# Reporting Spouse Abuse	
Alaska	547	102	18.6 %
Arizona	2616	220	8.4 %
Colorado	1537	220	14.3%
Delaware	275	40	14.5%
Hawaii	426	52	12.2%
Indiana	620*	134*	21.6%
Louisiana	2088	259	12.4%
Maine	164	16	9.8%
Minnesota	614*	131*	21.3%
Mississippi	541	74	13.7%
Montana	178	28	15.7%
Nebraska	608	99	16.3%
Nevada	434	37	8.5%
New Hampshire	296	54	18.2%
New Mexico	481	96	20.0%
N Carolina	813	100	12.3%
N Dakota	249	41	16.5%
Ohio	2925	441	15.1%
S Carolina	1268	151	11.9%
S Dakota	58	11	19.0%
Vermont	451	85	18.8%
W Virginia	1229	156	12.7%
Wyoming	245	57	23.3%
Guam	54	6	11.1%
Puerto Rico	130	20	15.4%
Total	18847	2630	14.0%

* Abuse only reported

Source: 1976 Statistics of the National Study on Child Abuse and Neglect Reporting
American Humane Association, Denver, Colorado

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ANS/OUT/AGE (01/18/78)                                                        1:28 PM WEDNESDAY, JANUARY 25, 1978

STATE OF SPOUSE ABUSE 1976
                                                   TABLE 5.7.1
                                          INVOLVED CHILDREN IN VALIDATED REPORTS
                                          TYPE OF ABUSE/NEGLECT BY AGE
                                          FOR MALES.

          TYPE                                       AGE(IN YEARS)
                              0-2            3-5            6-8            9-11           12-14          15-17          TOTALS
                         FREQ    COL%   FREQ    COL%   FREQ    COL%   FREQ    COL%   FREQ    COL%   FREQ    COL%   FREQ    COL%

  BRAIN DAM/SKULL FRAC     18              2              0              0              1              1             22
                                 1.7%           0.2%           0.0%           0.0%           0.1%           0.3%           0.4%
                    ROW%  81.8%           9.1%           0.0%           0.0%           4.5%           4.5%         100.0%

  SUB HEMORR/HEMATOMA      10              8              3              2              4              1             28
                                 0.9%           0.8%           0.3%           0.2%           0.5%           0.3%           0.6%
                    ROW%  35.7%          28.6%          10.7%           7.1%          14.3%           3.6%         100.0%

  BONE FRACTURE(OTHER)     27              6              3              3              4              4             47
                                 2.5%           0.6%           0.3%           0.4%           0.5%           1.0%           1.0%
                    ROW%  57.4%          12.8%           6.4%           6.4%           8.5%           8.5%         100.0%

  DISLOC/SPRAIN/TWISTS     15              4              8              6             13              5             51
                                 1.4%           0.4%           0.9%           0.7%           1.7%           1.3%           1.0%
                    ROW%  29.4%           7.8%          15.7%          11.8%          25.5%           9.8%         100.0%

  INTERNAL INJURIES         6              3              1              5              0              1             16
                                 0.6%           0.3%           0.1%           0.6%           0.0%           0.3%           0.3%
                    ROW%  37.5%          18.8%           6.3%          31.3%           0.0%           6.3%         100.0%

  MALNUTRITION             32             27             16             21             16              4            116
                                 3.0%           2.7%           1.8%           2.5%           2.2%           1.0%           2.4%
                    ROW%  27.6%          23.3%          13.8%          18.1%          13.8%           3.4%         100.0%

  FAILURE TO THRIVE        30             13             10             12              7              5             77
                                 2.8%           1.3%           1.1%           1.4%           0.9%           1.3%           1.6%
                    ROW%  39.0%          16.9%          13.0%          15.6%           9.1%           6.5%         100.0%

  EXPOSURE TO ELEMENTS     16             18             13              6              8              6             67
                                 1.5%           1.8%           1.5%           0.7%           1.1%           1.5%           1.4%
                    ROW%  23.9%          26.9%          19.4%           9.0%          11.9%           9.0%         100.0%

  LOCKED IN OR OUT         21             20             25             22             15             11            114
                                 2.0%           2.0%           2.8%           2.6%           2.0%           2.7%           2.3%
                    ROW%  18.4%          17.5%          21.9%          19.3%          13.2%           9.6%         100.0%

  POISONING (UNINTEN.)      3              0              2              1              0              1              7
                                 0.3%           0.0%           0.2%           0.1%           0.0%           0.3%           0.1%
                    ROW%  42.9%           0.0%          28.6%          14.3%           0.0%          14.3%         100.0%

  BURNS OR SCALDS          23             13              4              3              0              2             45
                                 2.2%           1.3%           0.4%           0.4%           0.0%           0.5%           0.9%
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                         ROW%   51.1%          28.9%          8.9%           6.7%           0.0%           4.4%          100.0%
 CUTS/BRUISES/WELTS              162            167            123            117            132             73            774
                                         15.3%          16.7%          13.0%          14.0%          17.7%          16.3%          15.7%
                         ROW%   20.9%          21.6%          15.9%          15.1%          17.1%           9.4%          100.0%
 *SEXUAL ABUSE - RAPE              0              0              0              0              0              0              0
                                          0.0%           0.0%           0.0%           0.0%           0.0%           0.0%           0.0%
                         ROW%    0.0%           0.0%           0.0%           0.0%           0.0%           0.0%            0.0%
 *SEXUAL- MOLESTATION              1              0              0              0              1              3              5
                                          0.1%           0.0%           0.0%           0.0%           0.1%           0.6%           0.1%
                         ROW%   20.0%           0.0%           0.0%           0.0%          20.0%          60.0%          100.0%
 *SEXUAL-DEVIANT ACTS              0              2              2              3              2              1             10
                                          0.0%           0.2%           0.2%           0.4%           0.3%           0.2%           0.2%
                         ROW%    0.0%          20.0%          20.0%          30.0%          20.0%          10.0%          100.0%
 *SEXUAL ABUSE-INCEST              1              0              0              1              5              0              7
                                          0.1%           0.0%           0.0%           0.1%           0.7%           0.0%           0.1%
                         ROW%   14.3%           0.0%           0.0%          14.3%          71.4%           0.0%          100.0%
 *SEXUAL ABUSE-UNSPEC              1              1              2              3              4              3             14
                                          0.1%           0.1%           0.2%           0.4%           0.5%           0.7%           0.3%
                         ROW%    7.1%           7.1%          14.3%          21.4%          28.6%          21.4%          100.0%
 CONG DRUG ADDICTION               1              1              1              0              1              0              4
                                          0.1%           0.1%           0.1%           0.0%           0.1%           0.0%           0.1%
                         ROW%   25.0%          25.0%          25.0%           0.0%          25.0%           0.0%          100.0%
 PHYSICAL NEGLECT                174            167            148            132            104             55            780
                                         16.4%          16.7%          16.0%          15.8%          14.0%          13.0%          15.8%
                         ROW%   22.3%          21.4%          19.0%          16.9%          13.3%           7.1%          100.0%
 EMOTIONAL NEGLECT               193            221            201            188            171             94           1068
                                         18.2%          22.2%          22.0%          22.5%          23.0%          23.5%          21.7%
                         ROW%   18.1%          20.7%          18.8%          17.6%          16.0%           8.8%          100.0%
 MEDICAL NEGLECT                  84             69             54             38             27             12            284
                                          7.9%           6.9%           6.1%           4.6%           3.6%           3.0%           5.8%
                         ROW%   29.6%          24.3%          19.0%          13.4%           9.5%           4.2%          100.0%
 EDUCATIONAL NEGLECT              11             25             51             60             54             27            228
                                          1.0%           2.5%           5.7%           7.2%           7.3%           6.4%           4.6%
                         ROW%    4.8%          11.0%          22.4%          26.3%          23.7%          11.8%          100.0%
 ABANDONMENT                      36             38             25             16             20             12            147
                                          3.4%           3.8%           2.8%           1.9%           2.7%           2.8%           3.0%
                         ROW%   24.5%          25.9%          17.0%          10.9%          13.6%           8.2%          100.0%
 LACK OF SUPERVISION             142            161            170            148            132             64            819
                                         13.4%          16.3%          18.1%          17.7%          17.7%          16.0%          16.6%
                         ROW%   17.3%          19.7%          20.8%          18.1%          16.1%           7.8%          100.0%
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 OTHER                       54            33            28            47            23            15            200
                                    5.1%          3.3%          3.1%          5.6%          3.1%          3.7%          4.1%
                   ROW%   27.0%         16.5%         14.0%         23.5%         11.5%          7.5%        100.0%
      TOTALS              1061          1003           890           834           744           400          4932
                                  100.0%        100.0%        100.0%        100.0%        100.0%        100.0%        100.0%
                   ROW%   21.5%         20.3%         18.0%         16.9%         15.1%          8.1%        100.0%

 * THE TOTAL NUMBER OF SEXUAL ABUSE CASES =    36

 THE NUMBER OF VICTIM CHILDREN =  2067

 NOTE: THE NUMBER OF MISSING OBSERVATIONS WERE    66

 STATE OF SPOUSE ABUSE,1976
                                                        TABLE 5.7.2
                                          INVOLVED CHILDREN IN VALIDATED REPORTS
                                          TYPE OF ABUSE/NEGLECT BY AGE
                                          FOR FEMALES.

         TYPE                                      AGE(IN YEARS)
                             0-2           3-5           6-8           9-11          12-14         15-17          TOTALS
                         FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%

 BRAIN DAM/SKULL FRAC        11             4             0             1             3             1            20
                                    1.1%          0.4%          0.0%          0.2%          0.4%          0.3%          0.4%
                   ROW%   55.0%         20.0%          0.0%          5.0%         15.0%          5.0%        100.0%
 SUB DURAL/HEMATOMA          15             4             1             2             5             3            30
                                    1.4%          0.4%          0.1%          0.3%          0.6%          0.9%          0.6%
                   ROW%   50.0%         13.3%          3.3%          6.7%         16.7%         10.0%        100.0%
 BONE FRACTURE(OTHER)        28             1             0             2             7             6            44
                                    2.7%          0.1%          0.0%          0.3%          0.8%          1.6%          0.9%
                   ROW%   63.6%          2.3%          0.0%          4.5%         15.9%         13.6%        100.0%
 DISLOC/SPRAIN/TWISTS        11            10             9            12            10             6            58
                                    1.1%          1.1%          1.2%          1.6%          1.2%          1.6%          1.2%
                   ROW%   19.0%         17.2%         15.5%         20.7%         17.2%         10.3%        100.0%
 INTERNAL INJURIES            7             4             0             0             2             2            15
                                    0.7%          0.4%          0.0%          0.0%          0.2%          0.5%          0.3%
                   ROW%   46.7%         26.7%          0.0%          0.0%         13.3%         13.3%        100.0%
 MALNUTRITION                32            21            12            10             9             6            90
                                    3.1%          2.4%          1.6%          1.5%          1.1%          1.6%          1.8%
                   ROW%   35.6%         23.3%         13.3%         11.1%         10.0%          6.7%        100.0%
 FAILURE TO THRIVE           34             9             9             5             8             6            71
                                    3.3%          1.0%          1.2%          0.8%          1.0%          1.6%          1.5%
                   ROW%   47.9%         12.7%         12.7%          7.0%         11.3%          8.5%        100.0%
 EXPOSURE TO ELEMENTS        12            16            10            14            12             1            65
```

```
                                  1.2%           1.8%           1.3%           2.1%           1.4%           0.7%           1.4%
                     ROW%  18.5%          24.6%          15.4%          21.5%          18.5%           1.5%         100.0%
 LOCKED IN OR OUT              5             18             14             16             14              6             73
                                  0.5%           2.0%           1.9%           2.4%           1.7%           1.0%           1.5%
                     ROW%   6.8%          24.7%          19.2%          21.9%          19.2%           8.2%         100.0%
 POISONING (UNINTEN.)          2              1              1              1              1              1              7
                                  0.2%           0.1%           0.1%           0.2%           0.1%           0.2%           0.1%
                     ROW%  28.6%          14.3%          14.3%          14.3%          14.3%          14.3%         100.0%
 BURNS OR SCALDS.             16             14              8              5              2              3             48
                                  1.5%           1.6%           1.1%           0.8%           0.2%           0.5%           1.0%
                     ROW%  33.3%          29.2%          16.7%          10.4%           4.2%           6.3%         100.0%
 CUTS/BRUISES/WELTS          142            114             88             87            130            146            707
                                 13.7%          12.8%          11.9%          13.3%          15.6%          23.2%          14.8%
                     ROW%  20.1%          16.1%          12.4%          12.3%          18.4%          20.7%         100.0%
 *SEXUAL ABUSE - RAPE          0              4              4              3              8              5             24
                                  0.0%           0.4%           0.5%           0.5%           1.0%           0.8%           0.5%
                     ROW%   0.0%          16.7%          16.7%          12.5%          33.3%          20.8%         100.0%
 *SEXUAL- MOLESTATION          1              6              9             13             32             20             81
                                  0.1%           0.7%           1.2%           2.0%           3.8%           3.2%           1.7%
                     ROW%   1.2%           7.4%          11.1%          16.0%          39.5%          24.7%         100.0%
 *SEXUAL-DEVIANT ACTS          1              1              5              4              0              0             11
                                  0.1%           0.1%           0.7%           0.6%           0.0%           0.0%           0.2%
                     ROW%   9.1%           9.1%          45.5%          36.4%           0.0%           0.0%         100.0%
 *SEXUAL ABUSE-INCEST          3              3              8             14             28             19             75
                                  0.3%           0.3%           1.1%           2.1%           3.3%           3.0%           1.6%
                     ROW%   4.0%           4.0%          10.7%          18.7%          37.3%          25.3%         100.0%
 *SEXUAL ABUSE-UNSPEC          2              2             10             14             29             14             71
                                  0.2%           0.2%           1.3%           2.1%           3.5%           2.2%           1.5%
                     ROW%   2.8%           2.8%          14.1%          19.7%          40.8%          19.7%         100.0%
 CONG DRUG ADDICTION           1              0              0              0              0              0              1
                                  0.1%           0.0%           0.0%           0.0%           0.0%           0.0%           0.0%
 PHYSICAL NEGLECT            195            163            131             93             93             56            731
                                 18.9%          18.3%          17.7%          14.2%          11.1%           8.9%          15.3%
                     ROW%  26.7%          22.3%          17.9%          12.7%          12.7%           7.7%         100.0%
 EMOTIONAL NEGLECT           184            186            180            142            173            144           1009
                                 17.8%          20.9%          24.3%          21.6%          20.7%          22.9%          21.1%
                     ROW%  18.2%          18.4%          17.8%          14.1%          17.1%          14.3%         100.0%
 MEDICAL NEGLECT              98             67             31             27             33             24            280
                                  9.5%           7.5%           4.2%           4.1%           3.9%           3.8%           5.8%
                     ROW%  35.0%          23.9%          11.1%           9.6%          11.8%           8.6%         100.0%
 EDUCATIONAL NEGLECT          11             23             49             36             54             44            217
```

			1.1%		2.4%		6.6%		5.5%		6.5%		7.0%		4.5%
ABANDONMENT		38	3.7%	32	3.6%	17	2.3%	21	3.2%	24	2.9%	10	1.6%	142	3.0%
	ROW%	26.8%		22.5%		12.0%		14.8%		16.9%		7.0%		100.0%	
LACK OF SUPERVISION		144	13.9%	147	16.5%	121	16.3%	107	16.3%	129	15.4%	75	11.9%	723	15.1%
	ROW%	19.9%		20.3%		16.7%		14.8%		17.8%		10.4%		100.0%	
OTHER		43	4.2%	42	4.7%	25	3.4%	27	4.1%	30	3.6%	31	4.9%	198	4.1%
	ROW%	21.7%		21.2%		12.6%		13.6%		15.2%		15.7%		100.0%	
TOTALS		1036	100.0%	892	100.0%	742	100.0%	656	100.0%	836	100.0%	629	100.0%	4791	100.0%
	ROW%	21.6%		18.6%		15.5%		13.7%		17.4%		13.1%		100.0%	

* THE TOTAL NUMBER OF SEXUAL ABUSE CASES = 264

THE NUMBER OF VICTIM CHILDREN = 2493

NOTE: THE NUMBER OF MISSING OBSERVATIONS WERE 71

STATE OF SPOUSE ABUSE 1978

TABLE 5.7.3
INVOLVED CHILDREN IN VALIDATED REPORTS
TYPE OF ABUSE/NEGLECT BY AGE
FOR ALL CHILDREN.

TYPE		AGE(IN YEARS)													
		0-2		3-5		6-8		9-11		12-14		15-17		TOTALS	
		FREQ	COL%	FREQ	COL%	FREQ	COL%	FREQ	COL%	FREQ	COL%	FREQ	COL%	FREQ	COL%
BRAIN DAM/SKULL FRAC		29	1.4%	6	0.3%	0	0.0%	1	0.1%	4	0.3%	2	0.2%	42	0.4%
	ROW%	69.0%		14.3%		0.0%		2.4%		9.5%		4.8%		100.0%	
SUB HEMORH/HEMATOMA		25	1.2%	12	0.6%	4	0.2%	4	0.3%	9	0.6%	4	0.4%	58	0.6%
	ROW%	43.1%		20.7%		6.9%		6.9%		15.5%		6.9%		100.0%	
BONE FRACTURE(OTHER)		55	2.6%	7	0.4%	3	0.2%	5	0.3%	11	0.7%	10	1.0%	91	0.9%
	ROW%	60.4%		7.7%		3.3%		5.5%		12.1%		11.0%		100.0%	
DISLOC/SPRAIN/TWISTS		26	1.2%	14	0.7%	17	1.0%	18	1.2%	23	1.5%	11	1.1%	109	1.1%
	ROW%	23.9%		12.8%		15.6%		16.5%		21.1%		10.1%		100.0%	
INTERNAL INJURIES		13	0.6%	7	0.4%	1	0.1%	5	0.3%	2	0.1%	3	0.3%	31	0.3%

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	ROW%	41.9%		22.6%		3.2%		16.1%		6.5%		9.7%		100.0%	
MALNUTRITION		64		48		28		31		25		10		206	
			3.1%		2.5%		1.7%		2.1%		1.6%		1.0%		2.1%
	ROW%	31.1%		23.3%		13.6%		15.0%		12.1%		4.9%		100.0%	
FAILURE TO THRIVE		64		22		19		17		15		11		148	
			3.1%		1.2%		1.2%		1.1%		0.9%		1.1%		1.5%
	ROW%	43.2%		14.9%		12.8%		11.5%		10.1%		7.4%		100.0%	
EXPOSURE TO ELEMENTS		28		34		23		20		20		7		132	
			1.3%		1.8%		1.4%		1.3%		1.3%		0.7%		1.4%
	ROW%	21.2%		25.8%		17.4%		15.2%		15.2%		5.3%		100.0%	
LOCKED IN OR OUT		26		38		39		38		29		17		187	
			1.2%		2.0%		2.4%		2.6%		1.8%		1.7%		1.9%
	ROW%	13.9%		20.3%		20.9%		20.3%		15.5%		9.1%		100.0%	
POISONING (UNINTEN.)		5		1		3		2		1		2		14	
			0.2%		0.1%		0.2%		0.1%		0.1%		0.2%		0.1%
	ROW%	35.7%		7.1%		21.4%		14.3%		7.1%		14.3%		100.0%	
BURNS OR SCALDS		39		27		12		8		2		5		93	
			1.9%		1.4%		0.7%		0.5%		0.1%		0.5%		1.0%
	ROW%	41.9%		29.0%		12.9%		8.6%		2.2%		5.4%		100.0%	
CUTS/BRUISES/WELTS		304		281		211		204		262		219		1481	
			14.5%		14.8%		12.9%		13.7%		16.6%		21.3%		15.9%
	ROW%	20.5%		19.0%		14.2%		13.8%		17.7%		14.8%		100.0%	
*SEXUAL ABUSE - RAPE		0		4		4		3		8		5		24	
			0.0%		0.2%		0.2%		0.2%		0.5%		0.5%		0.2%
	ROW%	0.0%		16.7%		16.7%		12.5%		33.3%		20.8%		100.0%	
*SEXUAL- MOLESTATION		2		6		9		13		33		23		86	
			0.1%		0.3%		0.6%		0.9%		2.1%		2.3%		0.9%
	ROW%	2.3%		7.0%		10.5%		15.1%		38.4%		26.7%		100.0%	
*SEXUAL-DEVIANT ACTS		1		3		7		7		2		1		21	
			0.0%		0.2%		0.4%		0.5%		0.1%		0.1%		0.2%
	ROW%	4.8%		14.3%		33.3%		33.3%		9.5%		4.8%		100.0%	
*SEXUAL ABUSE-INCEST		4		3		8		15		33		19		82	
			0.2%		0.2%		0.5%		1.0%		2.1%		1.8%		0.8%
	ROW%	4.9%		3.7%		9.8%		18.3%		40.2%		23.2%		100.0%	
*SEXUAL ABUSE-UNSPEC		3		3		12		17		33		17		85	
			0.1%		0.2%		0.7%		1.1%		2.1%		1.7%		0.9%
	ROW%	3.5%		3.5%		14.1%		20.0%		38.8%		20.0%		100.0%	
CONG DRUG ADDICTION		2		1		1		0		1		0		5	
			0.1%		0.1%		0.1%		0.0%		0.1%		0.0%		0.1%
	ROW%	40.0%		20.0%		20.0%		0.0%		20.0%		0.0%		100.0%	
PHYSICAL NEGLECT		369		330		279		225		197		111		1511	

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                                     17.6%          17.4%          17.1%          15.1%          12.5%          10.6%          15.5%
                       ROW%  24.4%          21.6%          18.5%          14.9%          13.0%           7.3%         100.0%

  EMOTIONAL NEGLECT           377            409            381            330            344            238            2079
                                     18.0%          21.6%          23.3%          22.1%          21.8%          23.1%          21.4%
                       ROW%  18.1%          19.7%          18.3%          15.9%          16.5%          11.4%         100.0%

  MEDICAL NEGLECT             182            136             85             65             60             36             564
                                      8.7%           7.2%           5.2%           4.4%           3.8%           3.5%           5.8%
                       ROW%  32.3%          24.1%          15.1%          11.5%          10.6%           6.4%         100.0%

  EDUCATIONAL NEGLECT          22             48            100             96            108             71             445
                                      1.0%           2.5%           6.1%           6.4%           6.8%           6.9%           4.6%
                       ROW%   4.9%          10.8%          22.5%          21.6%          24.3%          16.0%         100.0%

  ABANDONMENT                  74             70             42             37             44             22             289
                                      3.5%           3.7%           2.6%           2.5%           2.8%           2.1%           3.0%
                       ROW%  25.6%          24.2%          14.5%          12.8%          15.2%           7.6%         100.0%

  LACK OF SUPERVISION         286            310            291            255            261            139            1542
                                     13.6%          16.4%          17.8%          17.1%          16.5%          13.5%          15.9%
                       ROW%  18.5%          20.1%          18.9%          16.5%          16.9%           9.0%         100.0%

  OTHER                        97             75             53             74             53             46             398
                                      4.6%           4.0%           3.2%           5.0%           3.4%           4.5%           4.1%
                       ROW%  24.4%          18.8%          13.3%          18.6%          13.3%          11.6%         100.0%

        TOTALS               2097           1895           1632           1490           1580           1029            9723
                                    100.0%         100.0%         100.0%         100.0%         100.0%         100.0%         100.0%
                       ROW%  21.6%          19.5%          16.8%          15.3%          16.3%          10.6%         100.0%

  * THE TOTAL NUMBER OF SEXUAL ABUSE CASES =   300

  THE NUMBER OF VICTIM CHILDREN =  4953

  NOTE: THE NUMBER OF MISSING OBSERVATIONS WERE   106


  STATE OF SPOUSE ABUSE 1976
                                                            TABLE 5.8.1
                                                  INVOLVED CHILDREN IN VALIDATED REPORTS
                                                  SEVERITY OF ABUSE/NEGLECT BY AGE
                                                  FOR MALES.

       SEVERITY                                              AGE (IN YEARS)
                               0-2            3-5            6-8            9-11           12-14          15-17          TOTALS
                             FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%

  NO TREATMENT                270            318            260            273            255            150            1526
                                     54.4%          70.0%          68.2%          71.7%          76.1%          75.4%          67.9%
                       ROW%  17.7%          20.8%          17.0%          17.9%          16.7%           9.8%         100.0%

  MODERATE                    129            111            109             99             63             39             550
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                                     24.0%          24.4%          28.6%          26.0%          18.8%          19.6%           24.5%
                     ROW%   23.5%          20.2%          19.3%          18.0%          11.5%           7.1%         100.0%

 SERIOUS/HOSPITALIZED          87             22             12              9             15              9            154
                                     17.5%           4.8%           3.1%           2.4%           4.5%           4.5%            6.9%
                     ROW%   56.5%          14.3%           7.8%           5.8%           9.7%           5.8%         100.0%

 PERMANENT DISABILTY            2              1              0              0              2              1              6
                                      0.4%           0.2%           0.0%           0.0%           0.6%           0.5%            0.3%
                     ROW%   33.3%          16.7%           0.0%           0.0%          33.3%          16.7%         100.0%

 FATAL                          8              2              0              0              0              0             10
                                      1.6%           0.4%           0.0%           0.0%           0.0%           0.0%            0.4%
                     ROW%   80.0%          20.0%           0.0%           0.0%           0.0%           0.0%         100.0%

      TOTALS                  496            454            381            381            335            199           2246
                                    100.0%         100.0%         100.0%         100.0%         100.0%         100.0%          100.0%
                     ROW%   22.1%          20.2%          17.0%          17.0%          14.9%           8.9%         100.0%

 THE NUMBER OF VICTIM CHILDREN =  2447

 NOTE: THE NUMBER OF MISSING OBSERVATIONS HERE    66

 STATE OF SPOUSE ABUSE 1976
                                                        TABLE 5.8.2
                                                  INVOLVED CHILDREN IN VALIDATED REPORTS
                                                  SEVERITY OF ABUSE/NEGLECT BY AGE
                                                  FOR FEMALES.

      SEVERITY                                         AGE (IN YEARS)
                                0-2            3-5            6-8            9-11           12-14          15-17          TOTALS
                            FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%    FREQ   COL%

 NO TREATMENT                 273            290            249            224            287            243           1566
                                     55.9%          72.1%          69.6%          70.2%          70.2%          73.2%           67.9%
                     ROW%   17.4%          18.5%          15.9%          14.3%          18.3%          15.5%         100.0%

 MODERATE                     133             92             95             83            108             77            588
                                     27.3%          22.9%          26.5%          26.0%          26.4%          23.2%           25.5%
                     ROW%   22.6%          15.6%          16.2%          14.1%          18.4%          13.1%         100.0%

 SERIOUS/HOSPITALIZED          74             19             13             12             14             12            144
                                     15.2%           4.7%           3.6%           3.8%           3.4%           3.6%            6.2%
                     ROW%   51.4%          13.2%           9.0%           8.3%           9.7%           8.3%         100.0%

 PERMANENT DISABILTY            3              0              0              0              0              0              3
                                      0.6%           0.0%           0.0%           0.0%           0.0%           0.0%            0.1%
                     ROW%  100.0%           0.0%           0.0%           0.0%           0.0%           0.0%         100.0%

 FATAL                          5              1              1              0              0              0              7
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                                   1.0%          0.2%          0.3%          0.0%          0.0%          0.0%          0.3%
                     ROW%   71.4%         14.3%         14.3%          0.0%          0.0%          0.0%        100.0%
        TOTALS                486           402           358           319           409           332          2306
                                   100.0%        100.0%        100.0%        100.0%        100.0%        100.0%        100.0%
                     ROW%   21.1%         17.4%         15.5%         13.8%         17.7%         14.4%        100.0%

  THE NUMBER OF VICTIM CHILDREN =  2493

  NOTE: THE NUMBER OF MISSING OBSERVATIONS WERE    71

  STATE OF SPOUSE ABUSE 1976
                                                   TABLE 5.8.3
                                                   INVOLVED CHILDREN IN VALIDATED REPORTS
                                                   SEVERITY OF ABUSE/NEGLECT BY AGE
                                                   FOR ALL CHILDREN.

        SEVERITY                                      AGE (IN YEARS)
                                  0-2           3-5           6-8           9-11          12-14         15-17         TOTALS
                             FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%   FREQ   COL%

  NO TREATMENT                543           608           509           497           542           393          3092
                                   55.2%         71.0%         68.9%         71.0%         72.8%         74.0%         67.9%
                     ROW%   17.6%         19.7%         16.5%         16.1%         17.5%         12.7%        100.0%

  MODERATE                    262           203           204           182           171           116          1138
                                   26.6%         23.7%         27.6%         26.0%         23.0%         21.8%         25.0%
                     ROW%   23.0%         17.8%         17.9%         16.0%         15.0%         10.2%        100.0%

  SERIOUS/HOSPITALIZED        161            41            25            21            29            21           298
                                   16.4%          4.8%          3.4%          3.0%          3.9%          4.0%          6.5%
                     ROW%   54.0%         13.8%          8.4%          7.0%          9.7%          7.0%        100.0%

  PERMANENT DISABILITY          5             1             0             0             2             1             9
                                    0.5%          0.1%          0.0%          0.0%          0.3%          0.2%          0.2%
                     ROW%   55.6%         11.1%          0.0%          0.0%         22.2%         11.1%        100.0%

  FATAL                        13             3             1             0             0             0            17
                                    1.3%          0.4%          0.1%          0.0%          0.0%          0.0%          0.4%
                     ROW%   76.5%         17.6%          5.9%          0.0%          0.0%          0.0%        100.0%

        TOTALS                984           856           739           700           744           531          4554
                                   100.0%        100.0%        100.0%        100.0%        100.0%        100.0%        100.0%
                     ROW%   21.6%         18.8%         16.2%         15.4%         16.3%         11.7%        100.0%

  THE NUMBER OF VICTIM CHILDREN =  4953

  NOTE: THE NUMBER OF MISSING OBSERVATIONS WERE   106
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AMS/OUT/PERP (01/18/78) 1:26 PM WEDNESDAY, JANUARY 25, 1978

STATE OF ALL STATES TABLE 3.1
SPOUSE ABUSE 1976 AGE AND SEX FOR PERPETRATORS ON VALIDATED REPORTS

	ABUSE ONLY				NEGLECT ONLY				ABUSE AND NEGLECT				ALL CASES			
AGE IN YEARS	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%
10-14	3	0	3	0.2%	0	1	1	0.1%	1	1	2	0.3%	4	2	6	0.2%
15-19	32	39	71	5.3%	29	82	111	8.1%	10	29	39	6.4%	71	150	221	6.7%
20-24	154	90	244	18.4%	96	161	257	18.7%	50	64	114	18.8%	300	315	615	18.6%
25-29	190	95	285	21.4%	93	157	250	18.2%	52	60	112	18.5%	335	312	647	19.6%
30-34	153	58	211	15.9%	96	132	228	16.6%	51	53	104	17.1%	300	243	543	16.4%
35-39	153	59	212	16.0%	99	125	224	16.3%	45	38	83	13.7%	297	222	519	15.7%
40-44	139	35	174	13.1%	79	69	148	10.8%	40	21	61	10.0%	258	125	383	11.6%
45-49	67	14	81	6.1%	47	33	80	5.8%	31	21	52	8.6%	145	68	213	6.4%
50-54	24	3	27	2.0%	35	8	43	3.1%	15	4	19	3.1%	74	15	89	2.7%
55-59	16	0	16	1.2%	15	4	19	1.4%	15	0	15	2.5%	46	4	50	1.5%
60-64	3	0	3	0.2%	3	2	5	0.4%	2	1	3	0.5%	8	3	11	0.3%
65-69	1	1	2	0.2%	1	0	1	0.1%	1	0	1	0.2%	3	1	4	0.1%
70+	0	0	0	0.0%	4	0	4	0.3%	2	0	2	0.3%	6	0	6	0.2%
TOTALS	935	394	1329	100.0%	597	774	1371	100.0%	315	292	607	100.0%	1847	1460	3307	100.0%

THE NUMBER OF MISSING OBSERVATIONS = 331

STATE OF ALL STATES TABLE 3.2
SPOUSE ABUSE 1976 ETHNICITY AND SEX FOR PERPETRATORS ON VALIDATED REPORTS

	ABUSE ONLY				NEGLECT ONLY				ABUSE AND NEGLECT				ALL CASES			
ETHNICITY	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%
ASIAN	2	2	4	0.3%	1	8	9	0.6%	3	2	5	0.8%	6	12	18	0.5%
BLACK	154	41	195	13.1%	64	96	160	11.0%	45	34	79	12.4%	263	171	434	12.1%
CAUCASIAN	760	300	1060	71.0%	495	578	1073	73.4%	265	238	503	78.7%	1520	1116	2636	73.4%
SPANISH SUR.	93	42	135	9.0%	37	42	79	5.4%	17	8	25	3.9%	147	92	239	6.7%
NATIVE AMER.	45	20	65	4.4%	42	62	104	7.1%	9	12	21	3.3%	96	94	190	5.3%
OTHER	22	12	34	2.3%	11	25	36	2.5%	3	3	6	0.9%	36	40	76	2.1%
TOTALS	1076	417	1493	100.0%	650	811	1461	100.0%	342	297	639	100.0%	2068	1525	3593	100.0%

THE NUMBER OF MISSING OBSERVATIONS WAS 45

STATE OF ALL STATES TABLE 3.3
SPOUSE ABUSE 1976 RELATIONSHIPS, TO INVOLVED CHILDREN AND SEX FOR PERPETRATORS
ON VALIDATED REPORTS

	ABUSE ONLY				NEGLECT ONLY				ABUSE AND NEGLECT				ALL CASES			
RELATIONSHIP	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%
NATURAL PARENT	978	554	1532		1196	1830	3026		543	647	1190		2717	3031	5748	

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                                                 73.3%                          80.7%                          84.5%                          83.6%
  ADOPTED PARENT      33     12     45               21      9     30              17      2     19              71     23     94
                                                  2.2%                           0.9%                           1.3%                           1.4%
  STEP PARENT        367     36    403              214     53    267             132     27    159             713    116    829
                                                 19.3%                           7.9%                          11.3%                          12.1%
  FOSTER PARENT        0      1      1                2      0      2               2      2      4               4      3      7
                                                  0.0%                           0.1%                           0.3%                           0.1%
  GRANDPARENT          3      3      6                2      6      8               3      2      5               8     11     19
                                                  0.3%                           0.2%                           0.4%                           0.3%
  SIBLING              9      2     11                2      0      2               3      0      3              14      2     16
                                                  0.5%                           0.1%                           0.2%                           0.2%
  PRESCHOOL CARE       2      4      6                1      0      1               4      0      4               7      4     11
                                                  0.3%                           0.0%                           0.3%                           0.2%
  OTHER RELATIVE      17      3     20               11      6     17               4      4      8              32     13     45
                                                  1.0%                           0.5%                           0.6%                           0.7%
  PARENT OUTSIDE       8      0      8                4      0      4               2      0      2              14      0     14
                                                  0.4%                           0.1%                           0.1%                           0.2%
  INSTIT. STAFF        0      0      0                0      0      0               0      0      0               0      0      0
                                                  0.0%                           0.0%                           0.0%                           0.0%
  TEACHER              3      1      4                1      0      1               2      1      3               6      2      8
                                                  0.2%                           0.0%                           0.2%                           0.1%
  OTHER               53      2     55               13      1     14              11      1     12              77      4     81
                                                  2.6%                           0.4%                           0.9%                           1.2%
     TOTALS         1473    618   2091             1467   1905   3372             723    686   1409            3663   3209   6872
                                                100.0%                         100.0%                         100.0%                         100.0%


  THE NUMBER OF RELATIONSHIPS WAS   6872
  THE TOTAL NUMBER OF PERPETRATORS WAS   3638
  THE NUMBER OF 'OTHER' PERPETRATORS WAS    175
  THE NUMBER OF VALID CASES WAS   2632
  THE NUMBER IN WHICH OTHER PERPETRATORS WERE PRESENT WAS    160
  THE PER CENT OF CASES INVOLVING OTHER PERPETRATORS WAS   6.1%

  THE NUMBER OF MISSING OBSERVATIONS WAS    207


  [illegible] THE CALCULATION OF THE RELATIONSHIPS,THE RELATIONSHIP OF 'OTHER PERPETRATORS'
  [illegible] COUNTED ONLY ONCE WHILE THE PARENT/SUBSTITUTE MAY HAVE BEEN COUNTED MULTIPLE TIMES.
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STATE OF ALL STATES TABLE 3.4
SPOUSE ABUSE 1976 EDUCATION AND SEX FOR PARENT/SUBSTITUTE PERPETRATORS
ON VALIDATED REPORTS

	ABUSE ONLY				NEGLECT ONLY				ABUSE AND NEGLECT				ALL CASES			
EDUCATION	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%
GRADES 0-3	21	3	24	1.9%	31	32	63	4.7%	12	6	18	3.2%	64	41	105	3.4%
GRADES 4-8	110	46	156	12.5%	129	185	314	23.6%	68	64	132	23.7%	307	295	602	19.2%
SOME H.S.	395	205	600	48.2%	248	377	625	46.9%	122	127	249	44.8%	765	709	1474	47.0%
H.S. GRAD	270	100	370	29.7%	119	137	256	19.2%	63	58	121	21.8%	452	295	747	23.8%
SOME COLLEGE	60	17	77	6.2%	37	25	62	4.7%	12	14	26	4.7%	109	56	165	5.3%
COLLEGE GRAD	17	1	18	1.4%	5	8	13	1.0%	6	4	10	1.8%	28	13	41	1.3%
TOTALS	873	372	1245	100.0%	569	764	1333	100.0%	283	273	556	100.0%	1725	1409	3134	100.0%

THE NUMBER OF MISSING OBSERVATIONS = 339

STATE OF ALL STATES TABLE 3.5
SPOUSE ABUSE 1976 OCCUPATION AND SEX FOR PARENT/SUBSTITUTE PERPETRATORS
ON VALIDATED REPORTS

	ABUSE ONLY				NEGLECT ONLY				ABUSE AND NEGLECT				ALL CASES			
OCCUPATION	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%	MALE	FEMALE	TOTAL	COL%
UNEMPLOYED	270	293	563	41.6%	180	614	794	56.7%	102	231	333	55.2%	552	1138	1690	50.3%
UNSKILLED	281	55	336	24.8%	212	113	325	23.2%	114	46	160	26.5%	607	214	821	24.4%
SKILLED	273	37	310		147	30	177		62	12	74		482	79	561	

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                                           22.0%                          12.6%                          12.3%                          16.7%
    PROFESSIONAL        60     15     75            19     26     45             10      2     12             89     43    132
                                            5.5%                           3.2%                           2.0%                           3.9%
    AGRICULTURE         10      2     12            12      4     16              2      0      2             24      6     30
                                            0.9%                           1.1%                           0.3%                           0.9%
    TECHNICAL           26      1     27             9      5     14              6      0      6             41      6     47
                                            2.0%                           1.0%                           1.0%                           1.4%
    OTHER               28      3     31            26      4     30             13      3     16             67     10     77
                                            2.3%                           2.1%                           2.7%                           2.3%
     TOTALS            948    408   1356           605    796   1401            309    294    603           1862   1498   3360
                                          100.0%                         100.0%                         100.0%                         100.0%


    THE NUMBER OF MISSING OBSERVATIONS =    115

    THE NUMBER OF CASES CALCULATED =   3632
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AMS/OUT/CHILD (01/18/78)                                             1:29 PM WEDNESDAY, JANUARY 25, 1978

                                                  TABLE 5.1
                                  INVOLVED CHILDREN ON VALIDATED REPORTS
                                                AGE AND SEX
STATE OF SPOUSE ABUSE 1976

AGE     ********ABUSE ONLY*********   *******NEGLECT ONLY********   *****ABUSE & NEGLECT******   ********ALL CASES*********
            M      F  SUBTOT COL %       M      F  SUBTOT COL %        M      F  SUBTOT COL %      M      F  SUBTOT COL %

 <1        66     55    121   6.8       67     86    153   7.2        31     32     63   6.3     164    173    337   6.9
  1        62     68    130   7.3       72     87    159   7.5        35     26     61   6.1     169    181    350   7.1
  2        63     54    117   6.6       91     83    174   8.2        43     40     83   8.4     197    177    374   7.6
  3        58     46    104   5.8       79     91    170   8.0        45     32     77   7.8     182    169    351   7.2
  4        49     45     90   5.1       69     65    134   6.3        23     32     55   5.5     141    138    279   5.7
  5        58     37     95   5.3       74     62    136   6.4        35     30     65   6.5     167    129    296   6.0
  6        47     36     83   4.7       76     67    143   6.7        24     35     59   5.9     147    138    285   5.8
  7        41     45     86   4.8       72     65    137   6.4        26     22     48   4.8     139    132    271   5.5
  8        38     38     76   4.2       65     61    126   5.9        28     19     47   4.7     130    117    247   5.0
  9        47     35     82   4.6       69     42    111   5.2        33     18     51   5.1     149     95    244   5.0
 10        39     42     81   4.5       69     50    119   5.6        33     24     57   5.7     141    116    257   5.2
 11        47     54    101   5.7       64     44    108   5.1        20     29     49   4.9     131    127    258   5.3
 12        49     69    118   6.6       46     51     97   4.5        31     19     50   5.0     126    139    265   5.3
 13        46     60    106   5.9       49     45     94   4.4        24     27     51   5.1     119    132    251   5.1
 14        46     85    131   7.4       51     54    105   4.9        29     32     61   6.1     126    171    297   6.1
 15        40     83    123   6.9       34     47     81   3.8        17     32     49   4.9      91    162    253   5.2
 16        29     60     89   5.0       21     26     47   2.2        17     30     47   4.7      67    116    183   3.7
 17        21     40     61   3.4       22     18     40   1.9         8     12     20   2.0      51     70    121   2.5

TOT       838    944   1782 100.0     1090   1044   2134 100.0       503    490    993 100.0    2431   2478   4909 100.0

MISSING OBSERVATIONS =      60

                                                  TABLE 5.2
                                  INVOLVED CHILDREN ON VALIDATED REPORTS
                                             ETHNICITY AND SEX
STATE OF SPOUSE ABUSE 1976

RACE    ********ABUSE ONLY*********   *******NEGLECT ONLY********   *****ABUSE & NEGLECT******   ********ALL CASES*********
            M      F  SUBTOT COL %       M      F  SUBTOT COL %        M      F  SUBTOT COL %      M      F  SUBTOT COL %

ASIAN       3      5      8   0.5        7      5     12   0.6         3      3      6   0.6      13     13     26   0.5
BLACK     106    140    246  14.0      151    146    297  13.9        80     67    147  14.8     340    353    693  14.1
CAUC      593    652   1245  70.2      757    729   1486  69.5       362    369    731  73.8    1712   1750   3462  70.6
SPAN       69     89    158   8.9       68     63    131   6.1        25     17     42   4.2     162    169    331   6.7
NAT AM     35     30     65   3.9       80     69    149   7.0        24     26     50   5.0     139    125    258   5.3
OTHER      26     19     45   2.5       31     33     64   3.0         9      6     15   1.5      66     58    124   2.5

TOTAL     835    939   1774 100.0     1094   1045   2139 100.0       503    488    991 100.0    2432   2472   4904 100.0

MISSING OBSERVATIONS =      60
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                                              TABLE 5.3
                                  INVOLVED CHILDREN ON VALIDATED REPORTS
                                      SEVERITY OF ABUSE/NEGLECT
 STATE OF SPOUSE ABUSE 1976

                         ***ABUSE ONLY***       **NEGLECT ONLY**       *ABUSE & NEGLECT*      ****ALL CASES****
      SEVERITY            FREQ     COL %         FREQ     COL %         FREQ     COL %         FREQ     COL %

   NO TREATMENT           1110     63.0          1517     73.5           485     63.0          3112     67.7
   MODERATE                464     26.3           458     22.2           231     30.0          1153     25.1
   SERIOUS/HOSP            170      9.7            87      4.2            47      6.1           304      6.6
   PERM DISABIL              5      0.3             2      0.1             3      0.4            10      0.2
   FATAL                    12      0.7             1      0.0             4      0.5            17      0.4

   TOTAL                  1761    100.0          2065    100.0           770    100.0          4596    100.0

 MISSING OBSERVATIONS =    357

                                              TABLE 5.4
                                  INVOLVED CHILDREN ON VALIDATED REPORTS
                                             DISPOSITION
 STATE OF SPOUSE ABUSE 1976

                         ***ABUSE ONLY***       **NEGLECT ONLY**       *ABUSE & NEGLECT*      ****ALL CASES****
      DISPOSITION         FREQ     COL %         FREQ     COL %         FREQ     COL %         FREQ     COL %
                                   ADJ *                  ADJ *                  ADJ *                  ADJ *

 CHILD AT HOME            1258     70.7*         1566     73.3*          597     61.8*         3421     70.1*
 DISP PENDING              198     11.1*          190      8.9*          106     11.0*          494     10.1*
 VOLUNTARY PLACEMNT        185     10.4*          191      8.9*          100     10.4*          476      9.8*
 COURT PLACEMENT           235     13.2*          259     12.1*          200     20.7*          694     14.2*
 CONSENT TO ADOPT            3      0.2*            6      0.3*            3      0.3*           12      0.2*
 TERM PARENTAL RTS           3      0.2*            4      0.2*            9      0.9*           16      0.3*

 TOTAL DISP               1882    105.8*         2216    103.7*         1015    105.1*         5113    104.8*

 # OF INVOLVED CHILDREN   1779                   2136                    966                   4881

 MISSING OBSERVATIONS =    77

 * % BASED ON TOTAL NUMBER OF INVOLVED CHILDREN FOR WHICH DATA WAS AVAILABLE
   MULTIPLE RESPONSES EXIST FOR SOME CHILDREN

                                              TABLE 5.5
                                  INVOLVED CHILDREN ON VALIDATED REPORTS
                                       SPECIAL CHARACTERISTICS
 STATE OF SPOUSE ABUSE 1976

                         ***ABUSE ONLY***       **NEGLECT ONLY**       *ABUSE & NEGLECT*      ****ALL CASES****
 SPECIAL CHARACTERISTICS  FREQ     COL %         FREQ     COL %         FREQ     COL %         FREQ     COL %
                                   ADJ *                  ADJ *                  ADJ *                  ADJ *
```

PREMATURE BIRTH	38	2.2*	36	1.7*	22	2.1*	98	2.0*
DIAG MENT RETARDED	31	1.8*	53	2.5*	24	2.5*	108	2.3*
CONG PHYS HANDICAP	29	1.6*	20	1.4*	15	1.6*	68	1.4*
PHYSICAL HANDICAP	20	1.1*	36	1.6*	13	1.4*	67	1.6*
CHRONIC ILLNESS	37	2.1*	53	2.5*	20	2.1*	110	2.3*
EMOTION DISTURBED	135	7.7*	223	10.6*	110	12.5*	476	9.6*
NO SPECIAL CHAR	1516	85.9*	1713	82.2*	766	80.3*	3993	83.2*
TOTAL CHAR	1802	102.2*	2138	102.6*	977	102.6*	4917	102.4*
# OF INVOLVED CHILDREN	1764		2086		952		4800	

MISSING OBSERVATIONS = 153

* % BASED ON TOTAL NUMBER OF INVOLVED CHILDREN FOR WHICH DATA WAS AVAILABLE
MULTIPLE RESPONSES EXIST FOR SOME CHILDREN

TABLE 5.6
INVOLVED CHILDREN ON VALIDATED REPORTS
ABUSE/NEGLECT BY SEX

STATE OF SPOUSE ABUSE 1976

ABUSE/NEGLECT TYPE	MALES FREQ	COL % ADJ *	FEMALES FREQ	COL % ADJ *	ALL CASES FREQ	COL % ADJ *
BRAIN DAM/SKULL FT	22	0.9*	21	0.8*	43	0.9*
SUB HEM / HEMATOMA	28	1.1*	31	1.2*	59	1.2*
BONE FRACTURE	47	1.9*	44	1.8*	91	1.8*
DISLOC/SPRAIN/TWST	51	2.1*	59	2.4*	110	2.2*
INTERNAL INJURIES	18	0.7*	16	0.6*	37	0.8*
MALNUTRITION	116	4.8*	93	3.8*	209	4.2*
FAILURE TO THRIVE	77	3.2*	71	2.9*	148	3.0*
EXPOSURE TO ELEMS	68	2.8*	65	2.6*	133	2.7*
LOCKING IN/OUT	115	4.7*	73	2.9*	188	3.8*
POISONING (UNINT)	7	0.3*	7	0.3*	14	0.3*
BURNS/SCALDS	45	1.9*	48	1.9*	93	1.9*
CUTS/BRUISES/WELTS	770	31.8*	709	28.5*	1489	30.2*
SEXUAL ABUSE	36	1.5*	264	10.6*	300	6.1*
RAPE	0	0.0*	26	1.0*	26	0.5*
MOLESTATION	5	0.2*	81	3.3*	86	1.7*
DEVIANT ACTS	10	0.4*	12	0.5*	22	0.4*
INCEST	7	0.3*	75	3.0*	82	1.7*
UNSPECIFIED	14	0.6*	72	2.9*	86	1.7*
CONG DRUG ADDICTN	8	0.3*	1	0.0*	9	0.1*
PHYSICAL NEGLECT	786	32.2*	738	29.7*	1524	31.0*
EMOTIONAL NEGLECT	1079	44.2*	1010	40.6*	2089	42.5*
MEDICAL NEGLECT	288	11.8*	288	11.5*	576	11.7*
EDUCATIONAL NEGLECT	228	9.3*	219	8.8*	447	9.1*
ABANDONMENT	147	6.0*	142	5.7*	289	5.9*
LACK OF SUPERVISN	827	33.9*	730	29.4*	1557	31.6*
OTHER	201	8.2*	201	8.1*	402	8.2*
TOTAL	4967	203.4*	4831	194.3*	9798	199.0*

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# OF INVOLVED CHILDREN                         2442                    2484                    4926

MISSING OBSERVATIONS =     27

* % BASED ON TOTAL NUMBER OF INVOLVED CHILDREN FOR WHICH DATA WAS AVAILABLE
  MULTIPLE RESPONSES EXIST FOR SOME CHILDREN
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AMS/OUT/FAMILY (01/18/78)                                                          1129 PM WEDNESDAY, JANUARY 25, 1978

                                                        TABLE 4.1
                                           FAMILY INCOME ON VALIDATED REPORTS
   STATE OF SPOUSE ABUSE 1976

                                  ---ABUSE ONLY---        --NEGLECT ONLY--         -ABUSE & NEGLECT-       ----ALL CASES----
                                  FREQ      COL %         FREQ      COL %          FREQ      COL %         FREQ      COL %
   ESTIMATED YEARLY INCOME

     $      0 - $ 2,999            146       17.4          209       23.7            81       19.5          436       17.6
     $ 3,000 - $ 4,999             225       19.1          219       24.9            97       23.4          541       21.9
     $ 5,000 - $ 6,999             213       18.1          167       19.0            87       21.0          467       18.9
     $ 7,000 - $ 8,999             178       15.1           95       10.8            52       12.5          325       13.2
     $ 9,000 - $10,999             134       11.4           73        8.3            30        7.2          237        9.6
     $11,000 - $12,999              86        7.3           47        5.3            36        8.7          169        6.8
     $13,000 - $15,999              99        8.4           37        4.2            18        4.3          154        6.2
     $16,000 - $19,999              52        4.4           11        1.3             8        1.9           71        2.9
     $20,000 - $24,999              28        2.4           13        1.5             2        0.5           43        1.7
     $25,000 - $29,999               4        0.3            4        0.5             0        0.0            8        0.3
     $30,000 - $39,999               5        0.4            4        0.5             1        0.2           10        0.4
     $40,000 +                       6        0.5            1        0.1             3        0.7           10        0.4

     TOTAL                        1176      100.0          880      100.0           415      100.0         9471      100.0

     MISSING OBSERVATIONS =    161

                                                        TABLE 4.2
                                 SOURCE OF SUPPLEMENTARY INCOME FOR FAMILY ON VALIDATED REPORTS
   STATE OF SPOUSE ABUSE 1976

                                  ---ABUSE ONLY---        --NEGLECT ONLY--         -ABUSE & NEGLECT-       ----ALL CASES----
                                  FREQ      COL %         FREQ      COL %          FREQ      COL %         FREQ      COL %
   SOURCE OF SUPPLEMENT

            NONE                   676       55.1          471       52.6           229       53.8         1376       54.0
            AFDC                   407       33.2          307       34.3           134       31.5          848       33.3
     OTHER PUBLIC ASST              67        5.5           63        7.0            19        4.5          149        5.8
     RET/SOC SEC/PENS               77        6.3           54        6.0            44       10.3          175        6.9
     RET/SOC SEC/PENS               77        6.3           54        6.0            44       10.3          175        6.9

     TOTAL                        1227      100.0          855      100.0           426      100.0         9548      100.0

     MISSING OBSERVATIONS =     84

                                                        TABLE 4.3
                                           MARITAL STATUS ON VALIDATED REPORTS
   STATE OF SPOUSE ABUSE 1976
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MARITAL STATUS	---ABUSE ONLY--- FREQ	COL %	--NEGLECT ONLY-- FREQ	COL %	-ABUSE & NEGLECT- FREQ	COL %	----ALL CASES---- FREQ	COL %
LEGAL MARRIAGE	753	69.3	445	57.4	223	60.6	1421	63.8
CONSENSUAL UNION	83	7.6	47	6.1	32	8.7	162	7.3
NEVER MARRIED	52	4.8	47	6.1	24	6.5	123	5.5
DIV/SEPARATED/ABS*	193	17.8	220	28.4	86	23.4	499	22.4
WIDOW/WIDOWER	5	0.5	16	2.1	3	0.8	24	1.1
TOTALS	1086	100.0	775	100.0	368	100.0	2229	100.0

*MARRIAGE PARTNER TEMPORARILY OR PERMANENTLY ABSENT HAS BEEN COMBINED WITH DIVORCED/SEPARATED

MISSING OBSERVATIONS = 403

TABLE 4.4
NUMBER OF CHILDREN PER FAMILY ON VALIDATED CASES

STATE OF SPOUSE ABUSE 1976

NUMBER OF CHILDREN	---ABUSE ONLY--- FREQ	COL %	--NEGLECT ONLY-- FREQ	COL %	-ABUSE & NEGLECT- FREQ	COL %	----ALL CASES---- FREQ	COL %
1	479	37.6	276	29.9	104	24.0	859	32.6
2	303	23.8	239	25.9	125	28.8	667	25.3
3	220	17.3	176	19.1	89	20.5	485	18.4
4	137	10.7	108	11.7	57	13.1	302	11.5
5	57	4.5	63	6.8	25	5.8	145	5.5
6	62	4.9	45	4.9	22	5.1	129	4.9
7	10	0.8	6	0.7	9	2.1	25	0.9
8	5	0.4	6	0.7	2	0.5	13	0.5
9+	2	0.2	4	0.4	1	0.2	7	0.3
TOTAL	1275	100.0	923	100.0	434	100.0	2632	100.0

MISSING OBSERVATIONS = 0

TABLE 4.5
HOUSEHOLD COMPOSITION FOR ALL VALIDATED CASES

STATE OF SPOUSE ABUSE 1976

HOUSEHOLD COMPOSITION	---ABUSE ONLY--- FREQ	COL %	--NEGLECT ONLY-- FREQ	COL %	-ABUSE & NEGLECT- FREQ	COL %	----ALL CASES---- FREQ	COL %
MOTHER/SUB ONLY	105	8.2	190	20.6	54	12.4	349	13.3
FATHER/SUB ONLY	23	1.8	23	2.5	7	1.6	53	2.0

	---ABUSE ONLY---		--NEGLECT ONLY--		-ABUSE & NEGLECT-		----ALL CASES----	
MOTHER AND FATHER	1147	90.0	710	76.9	373	85.9	2230	84.7
TOTALS	1275	100.0	923	100.0	434	100.0	2632	100.0

MISSING OBSERVATIONS = 0

TABLE 4.6
SERVICES PROVIDED TO EACH FAMILY ON VALIDATED CASES

STATE OF SPOUSE ABUSE 1976

	---ABUSE ONLY---		--NEGLECT ONLY--		-ABUSE & NEGLECT-		----ALL CASES----	
SERVICES PROVIDED	FREQ	COL %	FREQ	COL %	FREQ	COL %	FREQ	COL %
CASEWORK COUNSELING	1061	84.5	790	86.9	372	86.5	2223	85.7
HOMEMAKER SERVICES	42	3.3	71	7.8	18	4.2	131	5.1
DAY CARE SERVICES	56	4.5	56	6.2	26	6.0	138	5.3
FOSTER CARE	222	17.7	182	20.0	125	29.1	529	20.4
SHELTER CARE	107	8.5	68	7.5	28	6.5	203	7.8
HEALTH SERVICES	421	33.5	307	33.8	160	37.2	888	34.2
JUV/FAM COURT PET	246	19.6	165	18.2	113	26.3	524	20.2
CRIMINAL ACT TAKEN	152	12.1	19	2.1	32	7.4	203	7.8
NO ACTION TAKEN	181	14.4	123	13.5	59	13.7	363	14.0
OTHER PROT SERVICE	186	14.8	110	12.1	55	12.8	351	13.5
TOTAL	2674	213.1	1891	208.0	988	229.8	5553	214.1
# OF INVOLVED FAMILIES	1255		909		430		2594	

% BASED ON TOTAL NUMBER OF FAMILIES FOR WHICH DATA WAS AVAILABLE
MULTIPLE RESPONSES GIVEN FOR SOME FAMILIES

MISSING OBSERVATIONS = 38

TABLE 4.7
FACTORS PRESENT IN EACH FAMILY ON VALIDATED CASES

STATE OF SPOUSE ABUSE 1976

	---ABUSE ONLY---		--NEGLECT ONLY--		-ABUSE & NEGLECT-		----ALL CASES----	
FACTORS PRESENT	FREQ	COL %	FREQ	COL %	FREQ	COL %	FREQ	COL %
BROKEN FAMILY	387	30.4	400	43.3	172	39.6	959	36.4
FAMILY DISCORD	929	72.9	668	72.4	357	82.3	1954	74.2
INSUFF INCOME	452	35.5	515	55.8	233	53.7	1200	45.6
NEW BABY/PREG	176	13.8	132	14.3	64	14.7	372	14.1
CONT CHILD CARE	212	16.6	242	26.2	111	25.6	565	21.5
PHYS ABUSE SPOUSE	1275	100.0	923	100.0	434	100.0	2632	100.0
HIST ABUSE AS CHLD	294	23.1	148	16.0	102	23.5	544	20.7
RECENT RELOCATION	191	15.0	201	21.8	101	23.3	493	18.7
INADEQUATE HOUSING	155	12.2	265	28.7	112	25.8	532	20.2
SOCIAL ISOLATION	232	18.2	209	22.6	115	26.5	556	21.1
LOSS CONTROL DISPL	641	50.3	123	13.3	188	43.3	952	36.2

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      LACK OF TOLERANCE            645     50.6          199     21.6          213     49.1          1057     40.2
      INCAP PHYS HANDICP            63      4.9           74      8.0           41      9.4           178      6.8
      ALCOHOL DEPENDENCE           410     32.2          370     40.1          145     33.4           925     35.1
      DRUG DEPENDENCE               67      5.3           73      7.9           25      5.8           165      6.3
      MENTAL RETARDATION            31      2.4           61      6.6           27      6.2           119      4.5
      MENTAL HLTH PROBLM           328     25.7          272     29.5          161     37.1           761     28.9
      POLICE/COURT RECRD           272     21.3          170     18.4          105     24.2           547     20.8
      NON AUTH METH DISC           191     15.0           72      7.8           71     16.4           334     12.7

      TOTAL                       6951    545.2         5117    554.4         2777    639.9         14845    564.0

   # OF INVOLVED FAMILIES         1275                   923                   434                   2632
   % BASED ON TOTAL NUMBER OF FAMILIES FOR WHICH DATA WAS AVAILABLE
   MULTIPLE RESPONSES GIVEN FOR SOME FAMILIES

      MISSING OBSERVATIONS =      0
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CHILD ABUSE AND FAMILY VIOLENCE

An Annotated Bibliography from the National Center on Child Abuse and Neglect

February 1978

National Center on Child Abuse and Neglect
U.S. Children's Bureau
Administration for Children, Youth and Families
Office of Human Development Services
U.S. Department of Health, Education, and Welfare

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This publication was developed by Herner and Company under Contract Number HEW-105-76-1136, for the National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health, Education, and Welfare. It is disseminated in the interest of information exchange. No office of the U.S. Government assumes any liability for its content or the use thereof.

Family violence, or violence between family members, is a subject which has relatively recently interested researchers and government agencies. The National Center on Child Abuse and Neglect is concerned with a specific kind of family violence, child abuse, and its connections with other types. The 63 items listed in this annotated bibliography place child abuse in the broader context of family violence and explore some of the interrelationships between child abuse and other forms of intrafamily violence.

Family violence can occur between husband and wife, parent and child, or between siblings. It includes a broad range of actions, from shoving or slapping at the mildest extreme to brutal beatings, torture, or murder. Wife beating and child beating were considered a father's prerogative in the not-too-distant past, and some researchers point out that traces of this ethos persist in both popular sentiment and the law today. Corporal punishment, although considered by some to be a legitimate technique of parental control of children, is nonetheless a form of family violence.

Research on the prevalence of family violence has been problematic and often inconclusive. The difficulty of estimating actual incidence from data derived from reported incidents has hampered attempts to discover the extent of family violence. The data that are available, however, suggest that violence between family members is not a rare occurrence. Studies on intrafamily murder (on which the data are reliable, due to the nature of the violent incident) show that it is not atypical for these murders to comprise 30 percent or more of all homicides in specific locales.[1] The data on nonlethal intrafamily violence are less reliable because the extent of underreporting of such incidents to police or other authorities, while thought to be large, is not known. In one study of applicants for divorce, 23 percent of middle class-couples and 40 percent of working-class couples studied gave "physical abuse" as a major complaint.[2] Another study, which used an in-depth interview technique, showed that 54 percent of the couples studied had used physical force on each other at some time.[3] The incidence of child abuse has recently become the subject of a number of studies, including a major one funded by the National Center on Child Abuse and Neglect. Estimates from completed studies have ranged from 200,000 to over 3,000,000 per year in the U.S.[4]

There is a considerable body of evidence, both empirical and clinical, that child abuse and spouse abuse are often intimately related. In one study of battered wives, 29 percent had been exposed as children to family violence; 51 percent of the husbands in the same series had a similar background.[5] A number of researchers have noted a generational cycle of child abuse and neglect, whereby children who have been abused grow up to abuse their own children. In families where violence between husband and wife is common, the children are often in danger. This may be especially likely where violence is associated with heavy drinking or alcoholism. Child abuse may also be a causal factor in wife beating: a woman from an abusive home background may flee into a marriage with a potentially violent husband; moreover, once there, she may accept violence as her lot in life.

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[1] Straus, M. A.; Gelles, R. J.; Steinmetz, S. K. *Violence in the family: an assessment of knowledge and research needs.* Paper presented at a conference of the American Association for the Advancement of Science, Boston, February 23, 1976, 51 pp.

[2] Levinger, G. "Sources of marital dissatisfaction among applicants for divorce." *American Journal of Orthopsychiatry* 36:803-807, October 1966.

[3] Gelles, R. J. *The violent home: a study of physical aggression between husbands and wives.* Beverley Hills, Calif.: Sage Publications, 1972, 230 pp.

[4] Zalba, S. R. "The abused child: I. A survey of the problem." *Social Work* 66:3-16, 1966; and Gil, D. G.; Noble, J. H. "Public knowledge, attitudes, and opinions about physical child abuse in the U.S." *Child Welfare* 47(7):395-401,426, July 1969.

It is not clear what changes will be necessary to bring about a broad reduction in the level of intrafamily violence. While the achievement of sexual equality may bring about changes in society and in family structure and dynamics which reduce the incidence of family violence in the long run, in the short run it may actually increase it by intensifying husband-wife conflicts. On another level, increased reporting of child abuse and a willingness on the part of battered women to identify themselves as such may bring more violent families into treatment. The recent trend toward the establishment of shelters or refuges for wives and children is an encouraging sign; for many women, escape would not be possible without them.

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[5] Gayford, J. J. "Battered wives. A. Research on battered wives." Royal Society of Health Journal 95(6):288-289, 1975.

The following citations, abstracts, and research project descriptions were taken from the data bases of the following organizations: National Center on Child Abuse and Neglect (NCCAN); American Psychological Association (PSYCHABS); Educational Resources Information Center (ERIC); Law Enforcement Assistance Agency (LEAA); National Clearinghouse for Mental Health Information (NCMHI); and Sociological Abstracts, Inc. Abstracts from a bibliography produced by the Center for Advanced Studies in Human Services, University of Wisconsin, were also used. Duplicate abstracts of items included in more than one source have been eliminated. This material is presented in the hope that it will contribute to an broader understanding of child abuse and family violence and will stimulate further research.

CD-00051
City Univ. of New York, N.Y. Graduate Center.
The Prevention of Family Violence: Dilemmas of Community Intervention.
Bard, M., Zacker, J.
Journal of Marriage and the Family 33(4):677-682, 1974.

Efforts to prevent intrafamilial violence (which accounts for between 35 and 50 percent of all homicides) have been thwarted by the absence of effective intervention programs. Lower class families, for whom intrafamilial violence presents the greatest problem, will generally not seek out a social agency for long-term treatment of their difficulties; they tend instead to wait until a violent situation arises and call the police. The police, limited by civil libertarian considerations and lack of relevant training, cannot generally offer the kind of preventive measures that are desired. Police cannot arrest an individual merely because they suspect that intrafamilial violence will eventually occur, and they are seldom trained to mediate family disputes without causing further friction. The result is that many foreseeable homicides and assaults are not prevented and many intervening police officers are needlessly injured. A program in which 18 police officers serving an inner city received special training from a university psychological center in mediating family disputes resulted, during a 22 month period, in 1,388 interventions involving 962 families (a control unit made 492 interventions during the same period). No homicides occurred among the 962 families nor were any of the specially trained officers assaulted despite the high statistical probability of injury. The special unit seemed well received by the community. In one case, unit officers were called on several occasions by a woman whose estranged husband was jealous of her dating other men; the man had threatened and assaulted both the wife and a daughter during family arguments. The unit persuaded the woman to obtain a protective order for herself and her children but had no justification for detaining the husband. The husband subsequently killed a man he suspected of being his wife's lover. 15 references.

CD-00360
Westminster Hospital, London (England). Dept. of Psychiatry.
Wife Battering: A Preliminary Survey of 100 Cases.
Gayford, J. J.
British Medical Journal 1(5951):194-197, January 25, 1975.

A survey of 100 battered wives is presented. All subjects had bruising, and in 44 this was associated with lacerations; 36 suffered fractured bones. Violence was prominent in the histories of both partners of the marriage, and drunkeness and previous imprisonment were common among the husbands. The educational background of the women was varied and included 27 with grammar or private school education, 32 with some kind of certificate, and 30 who went on to further education after leaving school. In most cases the violence was repeatedly inflicted. In 54 cases the women charged that the husband had extended the violence to the children, and 37 mothers admitted that they were discharging frustration on their offspring. There is a need for a place of sanctuary where a woman can take her children when violence gets out of control. 9 references.

CD-00363
Rhode Island Univ., Kingston. Dept. of Sociology.
Toward an Integrated Theory of Intrafamily Violence.
Gelles, R. J., Straus, M. A.
Rhode Island Univ., Kingston. Dept. of Sociology. 23 pp. September 24, 1974.

Thirteen theories of interpersonal violence are reviewed, and the proposal is advanced that violence between family members is a special case of violence which requires its own theoretical explanation due to the extent of intrafamily violence and the special and unique characteristics of the family as a social group and institution. A theory of family violence has begun to be developed by integrating theories of interpersonal violence with empirical knowledge about the family. A matrix of theories of violence and the major concepts used in these theories is presented, and projected steps toward developing an integrated theory of family violence are explained. 65 references.

CD-00387
Columbia Univ., New York, N.Y. Dept. of Sociology.
Force and Violence in the Family.
Goode, W. J.
Journal of Marriage and the Family 33(1):624-636, February 1971.

Force and the threat of force, despite their general disrepute in society, play an integral role in the functioning of all social systems including the family. Under most circumstances, the family is governed by patterns of custom and tradition motivated by a sense of fair exchange between family members. When a family member rejects these patterns, the threat of force either by another family member or an outside agency is ever present and understood. Force also holds a fundamental position in the socialization of children. They learn to recognize that force is a quick, effective means of control, which, however, tends to produce general anxiety. In one form or other, force has been indispensable to child rearing. On the other hand, harsh punishment is more often employed by lower class families and others who lack social resources and correlates with a number of traits, many of them undesirable. As long as a sense of fair exchange prevails among the family members, and other resources, notably money, prestige, and love exist to rectify any imbalances, a general sense of harmony can be maintained. However, when a family member feels injustice, the conflict that ensues may well lead to violence. Such a conflict cannot be readily terminated, since the cost of sacrificing position within an intimate relationship is great and there is no escape from the relationship itself. Opportunities for police accommodation or substitute sources of gratification are not readily available in the family relationship. Furthermore, the restraint of violence as opposed to its initiation is not well socialized. Child abuse represents a subset of these dynamics. Abusers typically are people who were treated harshly as children and consequently expect an inordinate amount of love and obedience from their own children. When this is not forthcoming, no alternative resources exist for either ameliorating or terminating the conflict. Eventually, the use of force, unsatisfactory though it is, becomes the only answer. 17 references.

CD-00437
Uffculme Clinic, Moseley (England).
Violence: A Clinical Viewpoint.
Harrington, J. A.
British Medical Journal 1:228-231, January 22, 1972.

A review briefly covers various psychological, psychodynamic, personality, and sociological theories on the nature of violent behavior and neurophysiological, group, and imitative factors involved in the expression of violence. A discussion of violence toward children and babies includes brief descriptions of the child likely to be battered (premature, hypersensitive or sickly, and unresponsive children, 5 years old or less) and of the parents likely to batter (fathers with crime or poor work records, and mothers between 20-30 years old, with unresolved dependency needs, a strong tendency to morbid jealousy, or a history of being beaten themselves). 11 references.

CD-00637
National Inst. of Mental Health (DHEW), Rockville, Md.
Violence at Home: A Review of the Literature.
Lystad, M. H.
American Journal of Orthopsychiatry 45(3):328-345, April 1975.

Literature on violence in the home is reviewed, and it is concluded that a comprehensive theory must take into account factors at the psychological, social, and cultural levels, placing individual functioning within the social group and within the cultural norms by which the group operates. Violence at home occurs when social needs and expectations of the individual are unsupported by either the family or by other social institutions, and when such a mode of expression seems eminently available and legitimate to the individual. A special section devoted to child abuse gives a compact review of this subject. 162 references.

CD-00642
Legacy of Battering.
MacLeod, C.
Nation 719-722, June 5, 1974.

Many aspects of child abuse and its treatment are covered in this wide ranging article, including the familiar characteristics of the abuser and the team approach to the disorder. Parents Anonymous has been successful in dealing with many patients, and there are now 110 chapters throughout the country. Children's Abuse Listening Mediation in Santa Barbara, California, has also been effective. Many writers have pointed out the influence of childhood abuse on the development of the violent adult personality.

CD-00967
Delaware Univ., Newark.
Violence in the Family.
Steinmetz, S. K.; Straus, M. A.
New York, Dodd, Mead and Co., 337 pp., 1974.

A collection of 38 papers explores several aspects of familial violence. An overview of the subject is followed by sections on violence between spouses and kin, violent parents (child abuse), and the influence of familial violence on societal violence. Each section describes the nature and extent of the violence, theories of causation, legal aspects, and possible methods of control. Articles comprise several types including research reports, reviews, and personal speculation.

CD-00968
Delaware Univ., Newark.
Violent Parents. Part Three.
Steinmetz, S. K.; Straus, M. A.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead, and Co., pp. 141-147, 1974.

The notion that child abuse has its roots in normal or ordinary physical punishment is advanced. The entire history of the American people has been characterized by a propensity to use violence to achieve national and personal goals. In the interest of reducing the level of violence, we should develop both informal and legal prohibitions of physical punishment and replace the use of physical force in child rearing with nonviolent, constructive modes of parental influence. A beginning has been made in the enactment of antipoverty and child protection legislation of the past decade, but the fundamental problem of the legality of physical punishment is not covered in these laws. While the law can exert important influences on social patterns, it is ineffective if it is too far ahead of the population. 14 references.

CD-00969
Intra-family Violence. 1. General Introduction: Social Myth and Social System in the Study of Intra-family Violence.
Steinmetz, S. K.; Straus, M. A.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead and Co. pp. 3-25, 1974.

Common notions about violence in the family remain permeated by myth and stereotype. Society holds as its ideal a family governed by love and gentleness and yet surveys indicate that most people approve and use violence in the family, and that the family is a principal source of criminal violence. To understand the phenomenon of familial violence, it is necessary to reject certain myths. The first is the consensus view of society, which sees all conflict as a deviation from the norm and hence an abnormality; conflict must be seen as an integral part of the social process. Myths of causation must also be discarded because despite their kernel of truth, most are oversimplifications. While it is true, for example, that mixed evidence may indeed show that greater violence exists in lower class families than middle class families it must not be assumed that the lower classes represent a culture of violence to be contrasted with a middle class culture of repression. Rather, one must look to factors such as the lower class individual's lack of alternate resources and higher degree of frustration. Similarly, violence in the family may well be linked to the family's role as the main arena for sexual contact. Nevertheless, the relation between sex and violence may be influenced by such diverse factors as biological drives, general societal attitudes repressing both sex and violence, and antagonisms arising from the definitions of sex roles. The least reliable of the common myths is the catharsis theory, which states that the expression of approved forms of violence prevents the occurrence of more tragic forms. This theory persists despite persuasive empirical and theoretical arguments to the contrary. Violence must be seen as arising from a combination of interacting individual, familial, and societal variables, and precipitating circumstances, including the intense nature of the family relationship. Scientific research must be conducted to delineate the causes and consequences of familial violence. 44 references.

CD-00978
Cultural and Social Organizational Influences on Violence Between Family Members.
Straus, M. A.
Mental Hygiene Institute Conference on Sex, Marriage and the Family, Montreal, 23 pp., November 30, 1972.

Violence, defined as the use of physical force, is so widespread among American families as to be nearly universal. In fact, it is likely that a majority of all violence occurring within American society occurs between family members. Thus, familial violence must be considered as a result of cultural norms and values and social organization as well as more frequently considered psychological influences. Despite the fact that family peacefulness and love are held as cultural values, most Americans consider violence as an inevitable and even desirable fact of society. War, violence in law enforcement, violence in entertainment, and violence as a sign of manliness seem generally to be approved. Within a family, cultural and organizational influences may combine to enhance the level of violence. For example, it is a cultural norm that a husband should be the leader of a household. Where economic factors deprive him of this role, he is under cultural pressure to assert his status in other ways including by violence. The number of children within a family provides an example of social organization. Large families tend to exhibit more violence than small families particularly within the lower classes. This may be due to the generally higher level of stress generated within a large family and the difficulty of applying any means of punishment besides physical force under such conditions. Thus, cultural and social organizational factors may play a decisive role in determining the incidence of familial violence. 24 references.

CD-01183
Rhode Island Univ., Kingston. Dept. of Sociology.
Violence and Pregnancy: A Note on the Extent of the Problem and Needed Services.
Gelles, R. J.
Family Coordinator 81-86, January 1975.

The phenomenon of violence toward pregnant wives is common enough to be considered an important issue. Members of 80 families were interviewed by using an unstructured informal procedure. In 55 percent of the families at least one incident of conjugal violence was discussed. In 10 of these 44 families, respondents discussed incidents of violence occurring while the wife was pregnant. Five major factors are proposed which contribute to pregnant wives being assaulted by their husbands: (1) sexual frustration; (2) family transition, stress, and strain; (3) biochemical changes in the wife; (4) prenatal child abuse; and (5) defenselessness of the wife. The generative sources of violence toward a pregnant spouse may be similar to the sources of conjugal violence and child abuse. Family counseling and educational services are important methods for preventing such conjugal violence. In terms of providing family services and for developing polices of intervention in families where violence occurs, it is important to realize that the crisis and transitions of parenthood begin during the pregnancy and not only after the child is born. 19 references.

CD-01184
Rhode Island Univ., Kingston. Dept. of Sociology.
The Violent Home. A Study of Physical Aggression Between Husbands and Wives.
Gelles, R. J.
Sage Library of Social Research, Volume 13, Beverly Hills, Calif., Sage Publications, Inc., 230 pp., 1972.

A discussion covers the social meaning of physical aggression between husbands and wives, the locus of these events in time and space, the way the family serves as a training ground for violent behavior, and the role structure of individual families. Statistics are cited which demonstrate the extent of intrafamily violence. In 25 to 30 percent of all homicides, both the victim and the offender were members of the same family. Familial assaults constitute 20 to 25 percent of all aggravated assault. Child abuse is cited as another frightening consequence of intrafamily violence, with an estimated 60,000 occurrences per year in the U.S. The causes, incidence, and types of physical violence used by spouses on each other were determined through interviews with 80 subjects. Descriptive data concerning the nature and extent of violence between family members are presented, and an 8-fold typology of violence is developed around 3 dimensions of physical violence: (1) instrumental-expressive, (2) legitimate-illegitimate, and (3) victim-precipitated-not-victim-precipitated. The violent situation is examined by focusing on temporal patterns, spatial patterns, and presence or absence of other people. The violent family's location in the social structure and the structure of the violent family are analyzed. Finally, a unified theoretical model of intrafamily violence is presented. 148 references.

CD-01186
London Univ. (England). Inst. of Psychiatry.
Violence in the Family.
Gibbens, T. C. N.
Medico-Legal Journal 43(Part 3):76-88, 1975.

The problem of violence in the family is examined. Violence in the family unit is a complex problem involving overlap between many factors. It is difficult to distinguish between causal factors in those cases serious enough to reach the courts and those which are not. The characteristics of abusive parents and their children are explored at length. The parents, particularly the fathers, had experienced abuse in their own childhoods. The children were younger than others admitted as emergencies, had lower birth weights, and markedly slower physical and mental development compared with other children. The battered children were less wakeful at night, less lively and more fatigued in the day; their mothers complained of excessive clinging and whining behavior. In fathers, alcohol plays a major part in wife beating, but little in baby battering. In women who kill their husbands, drugs play an important part, particularly the paradoxical effects of antidepressants and tranquilizers. Psychiatric hypotheses regarding the origins of family violence are considered, and the role of the social class is also explored. The problem of prevention and treatment is also examined, surveying the roles of the courts, police, doctors, and health visitors. A brief discussion by members of the Medico-Legal Society regarding particular aspects of family violence is appended.

CD-01250
National Society for the Prevention of Cruelty to Children, London (England).
The Yo-Yo Syndrome: A Matter for Interdisciplinary Concern.
Moore, J. G.
Medicine, Science, and the Law 15(4):234-236, 1975.

The effects of violent domestic situations on children are examined. Such families are not easy to help; the parents are separated by the police during a violent confrontation only to reunite a few days or weeks later, beginning the process again. Such a pattern of frequent splits and reconciliations is termed the yo-yo syndrome. The families are distinguished by the interactive quality of violence and restlessness, and by the extremes of violence. The effect upon the children is divided into four categories: (1) turned against self, (2) school problems, (3) scapegoating, and (4) pawns. Children turned against self express their tension in physical symptoms or in some way try to absorb the family's aggression. Those who become school problems exhibit poor attendance and varying degrees of antisocial or attention-seeking behavior. In scapegoating, children most favored by one parent are rejected by the other and are either physically or verbally attacked. As pawns, the children are perceived as irrelevant to the central conflict, and are used as weapons in the marital war. The parents tend to be inadequate individuals who have considerable feelings of low morale. The violence is symptomatic of acute fear and panic. Efforts to establish specialized yo-yo training units to accumulate knowledge about the psychopathology of these parents and to develop methods that are effective with those families are encouraged. It is especially important to develop new skills to help the children concerned. 4 references.

CD-01317
New Hampshire Univ., Durham. Dept. of Sociology.
Theories, Methods, and Controversies in the Study of Violence Between Family Members.
Strauss, M. A.; Gelles, R. J.; Steinmetz, S. K.
American Sociological Association Meeting, 73 pp., June 1973.

Violence between family members was investigated by examining the types, frequency, theory, and controversial aspects of family violence. Violence in the family is a unique and important phenomenon requiring much sociological research. While the fact of family violence is obvious, family nonviolence is perpetuated as a myth. Consideration is given to what constitutes legitimate and illegitimate violence in the family, dividing these two forms along the dimensions of expressive and instrumental violence. Estimates of the prevalence of family violence indicate that it results in more police calls than all criminal incidents. In fact, police calls represent only the most glaring cases, and many cases go unreported. National surveys not only confirm the widespread existence of family violence, but confirm that many persons condone violence in the family. Children mimic the behavior of their parents, and the pattern of violence is perpetuated. Consideration is given to intraindividual, sociopsychological, and sociocultural theories of violence. The legitimacy of violence is used to distinguish between the various theories. The present state of theoretical knowledge concerning the cause of intrafamilial violence offers a rich but confusing variety. Both intensive empirical research and careful theoretical synthesis are urgently needed to bring order to this array. 100 references.

CR-00127
New Hampshire Univ., Durham. Dept. of Sociology.
  Durham, NH 03824
Physical Violence in American Families.
Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.
Jul 75–Sep 78
National Inst. of Mental Health (DHEW), Rockville, Md.

Research Purpose: To (1) place the study of child abuse within the context of all uses of physical violence within the family; (2) test the subjective meaning of acts of violence to those involved; and (3) test certain theories about the etiology of intrafamily violence.

Research Methodology: All forms of violence within the family are being studied. Data are being gathered on the frequency and modality of violence. A national sample of approximately 2,500 families has been interviewed. Comparisons will be drawn between families which use a high level of violence and those which do not, particularly as it affects the children in these families.

Research Results: The study is still in preliminary stages.

Publications: (1) Gelles, R. J. "The Violent Home: A Study of Physical Aggression Between Husbands and Wives." Beverly Hills, Calif., Sage Publications, 1974.
(2) Steinmetz, S. K., Straus, M. A. (Editors). "Violence in the Family." New York, Harper and Row, 1974.

CD-1419
/ti Violence in the Family.
/au Borland, M.
/so Atlantic Highlands, N.J., Humanities Press, Inc.,
/pa 148 pp.,
/da 1976,
/ab In a multidisciplinary examination of child abuse and other forms of intrafamily violence, a psychiatrist discusses the kinds of people who are likely to vent their frustrations on children and their underlying motives; a sociologist examines societal attitudes toward violence; a pediatrician points out the clinical signs and symptoms of physical abuse in children; a treatment team leader explains the role of his voluntary agency in abuse cases; a lawyer presents the legal position of battered children; a chief of police explains the police point of view; and a social worker expands upon the obstacles facing more productive interagency cooperation. Numerous references.
/is interdisciplinary approach; violence; etiology; multidisciplinary teams; childrens rights; interagency cooperation; police role; diagnoses; social attitudes

CD-1424
/ad Leicester Univ. (England). Dept. of Psychiatry.
/ti Physical Violence in the Family: An Overview.
/au Brandon, S.
/so In: Borland, M. (Editor). Violence in the Family. Atlantic Highlands, N.J., Humanities Press, Inc.,
/pa pp. 1-25,
/da 1976.

/ab Violence within the family is a relatively common occurrence, and child abuse is a significant component of intrafamilial violence. Extreme violence and death more often involve the father or male custodian of the child than the mother, although any assault, even a minor one, on a child may be fatal. Mothers who intentionally kill their children are often depressed and commit suicide after killing their children as a type of extended suicide. These situations represent only the extremes and many parents who abuse their children are normal people who are unable to cope. One of the most common types of abusive parents seen is the young woman who was deprived of love and parental approval as a child, or perhaps was maltreated herself. Such parents have a craving for affection and yet little capacity for love. The mothers often have unrealistic expectations for the child and cannot cope with his shortcomings. Many types of abusive parents and situations are described, as are other types of familial violence. 40 references.

/is violence; abusive parents; family relations; precipitating factors; suicide; maternal behavior

CD-1553
/ad Wisconsin Univ., Madison.
/ti Social Class and Corporal Punishment in Childrearing: A Reassessment.
/au Erlanger, H. S.
/jt American Sociological Review
/pa 39(1):68-85.
/da February 1974.

/ab Interpretations of numerous studies on corporal punishment and social class performed since 1932 have indicated a strong link between the working classes and the use of corporal punishment. Evidence indicates that this link, at best, is tenuous; there are data showing that those in the middle class and those with higher education have a greater tendency to approve and use corporal punishment. A review of earlier studies reveals some discrepancy in the results. Comparisons between the studies are difficult since some questioned adults about their treatment as children; some questioned the adults about treatment of their own children; and some asked both. In one study the social class of the group was simply assumed without identifying the group analytically. Certain factors were not corrected in the studies, such as the circumstances under which the child might be punished and at what age corporal punishment would be acceptable. There are also problems in population sampling and the nature of the indicators. Working class authoritarianism, the tendency toward physical violence, the relationship to child abuse, a subculture of violence, and other qualifying factors are discussed as they relate to corporal punishment and class.

/is corporal punishment; social class; social values; violence; child rearing; parents attitudes

CD-1357
/ad New Hampshire Univ., Durham.
/ti Toward a General Stress Theory of Intra-Family Violence.
/au Farrington, K.
/so National Council on Family Relations Annual Meeting, Salt Lake City, Utah,
/pa 49 pp.,
/da August 1, 1975.

/ab A general stress framework consists of (1) the stress stimulus; (2) objective demand; (3) subjective demand; (4) response capabilities; (5) choice of response; and (6) stress level. These variables can be applied to intra-family violence including instances of child abuse. The greater the number and intensity of stress stimuli encountered by an individual or family, the greater the demands with which that individual or family will have to deal. Furthermore, the greater the demands facing an individual or family, the greater the likelihood that some response will have to be made in attempt at mastery. When fewer resources are available, the likelihood of use of violence, especially if it is culturally or socially sanctioned will increase. These and 15 other related propositions demonstrate that child abuse can be the result of different stress perceptions. It can be an assertive response directed at the cause of a certain problem, or it can be a reaction to frustration. The incidence of both of these categories of violence increases as one moves down the ladder of socioeconomic status. 40 references.

/is stress; violence; parents reactions; frustration; socioeconomic status; cultural values; stimulus behavior; family problems

CD-1367
/ad Western Michigan Univ., Kalamazoo. School of Social Work.
/ti Recent Findings Related to Wife Abuse.
/au Flynn, J. P.
/jt Social Casework
/pa 58(1):13-20,
/da January 1977.

/ab A 2-month research project on spouse assault conducted in Kalamazoo, Michigan, in 1975 is summarized. The data collected indicate that the primary problem is wife abuse. The few previous studies covering wife abuse are outlined. The available literature on child abuse, alcoholism, marriage and family, violence, homicide, criminal assault, and gun control is reviewed. Fifty-four professional persons from 52 community agencies were interviewed; 19 cases of spouse abuse were identified. An additional 14 victims were interviewed face-to-face for a total of 33 victims. Data collection instruments included (1) a form on which agency identifying data, service information, and incidence estimates were recorded; (2) an interview guide to obtain general impressions from professionals; and (3) an interview guide used to obtain information regarding a particular person or family. No assaulters were interviewed. Ten percent of the families in the catchment area are estimated to have experienced some form of conjugal violence. Wife beating seems to occur at all socioeconomic, educational, and age levels. One-third of the professionals and victims interviewed reported either that victims had been abused as children or that the assaulter had been an abused child. Almost all the victims sought help from outside sources. Recommendations for further community action suggest development of a community task force to determine new ways of dealing with the problem of spouse assault and the establishment of a spouse assault resource service.

/is marital conflicts; violence; community surveys; interviews; parents background; community action; sequelae

NCCAN 9

CD-1597
ad Phode Island Univ., Kingston. Dept. of Sociology and Anthropology.
ti Family Experience and Public Support of the Death Penalty.
au Gelles, R. J.; Straus, M. A.
jt Americal Journal of Orthopsychiatry
pa 45(4):596-613,
da July 1975.

ab An integration of data on the characteristics of death penalty supporters with data on violence within the family suggests that experience with violence in the family, and the meaning and moral evaluation of punishment and violence learned thereby, lead to support for the death penalty. Studies of the characteristics of death penalty supporters portray them as relatively punitive and authoritarian. A review of research on family violence shows that the more violence is present in the family, the more likely is a person reared in that context to accept the normalcy and probable occurrence of all types of violence. The family is a primary place in which both approval of violence and fear of victimization is learned. The greater the fear of being a victim of violence, the greater the support for the death penalty. The more offenses within the family are punished in proportion to the severity of the offense and in relation to the circumstances and characteristics of the offender, the more likely is the person to believe that all offenses should be dealt with according to the principles of retribution tempered by discretion in relation to the circumstances, the offense, and the character of the offender. Because punitive child rearing methods are associated with the personality factors that are associated with support for the death penalty, the high level of punitiveness typically experienced by children in the family is a part of the explanation for the high level of public support for the death penalty. Numerous references.

/is corporal punishment; violence; family environment; personality patterns; research reviews

CD-1977
/ad New Hampshire Univ., Durham. Dept. of Sociology.
/ti A General Systems Theory Approach to a Theory of Violence Between Family Members.
/au Strans, M. A.
/jt Social Science Information
/pa 12(3):105-125,
/da 1973.
/ab General systems theory is used to formulate a theory accounting for the presence of violence as a continuing element in the social interaction of the nuclear family. The family is generally seen as a social group committed to nonviolence between its members. However, a review of the relevant theory and empirical evidence indicates that intrafamily violence is almost universal. Family organization, family socioeconomic status, individual personality traits, psychopathological traits, occupational roles, precipitating crises, societal opportunities, and deprivations are variables relevant to family violence.
The relationships and assumptions implicit in the variables form a set of interlinked propositions accounting for stabilization of violence in the family system. Labeling, secondary conflict, reinforcement, self-concept formation, and role expectations are key aspects in the process. Specific propositions about family violence include the following: (1) most violence is either denied or not labeled deviant; (2) stereotyped imagery of family violence is learned in early childhood from parents, siblings, and other children; (3) stereotypes of family violence are continually reaffirmed for adults and children through ordinary social interaction; (4) violent persons may be rewarded for violent acts if these acts produce the desired results; (5) use of violence, when it is contary to family norms, creates conflict over the use of violence to settle the original conflict; and (6) persons labeled as violent may be encouraged to play out the role via development of an aggressive self-concept. The utilization of systems theory in research methodology is briefly discussed. 29 references.
/is systems analysis; theories; violence; family relations; etiology; predictor variables; research methodology; family characteristics

CD-1969
/ad Colorado Univ., Denver. Dept. of Psychiatry.
/ti Violence Within the Family.
/au Steele, B. F.
/so In: Helfer, R. E. and Kempe, C. H. (Editors). Child Abuse and Neglect. The Family and the Community. Cambridge, Mass., Ballinger Publishing Co.,
/pa pp. 3-23,
/da 1976.
/ab The frequency, causes, and results of violence within the family are discussed. Violence within the family has been part of the human condition throughout the recorded history of man. Most murders are committed within the confines of kinship. In some cases, high levels of androgen, a male sex hormone, have been associated with increased violent behavior. The XYY genotype has also been implicated. In general, men are more violent than women, but more women than men commit infanticide. There are many complex psychological, social, and cultural factors involved in the generation of violence. The most common element in the lives of violent or abusive adults is the history of having been neglected or abused to some extent in their own childhood. Abuse or neglect early in childhood predisposes an individual to use aggression as a means of solving problems. This is accompanied by a lack of empathy for other human beings, decreased ability and diminished mechanisms to cope with stress, and vulnerability to the examples of aggression and violence presented by society and culture.
/is generational cycle of child abuse; etiology; violence; family characteristics

NCCAN - 12

539

CD-1978
/ad New Hampshire Univ., Durham.
/ti Societal Morphogenesis and Intrafamily Violence in Cross-Cultural Perspective.
/au Straus, M. A.
/jt Annals of the New York Academy of Sciences
/pa 285:717-730,
/da 1977.

/ab Conjugal violence in various cultures is briefly analyzed, and similarities with parent-child and sibling-sibling violence are considered. Intrafamily conflict is common to all cultures. Several theoretical conclusions illustrate the fact that human societies are cybernetic and morphogenic systems operating as part of a larger ecological system: (1) as societal violence increases, there is a tendency for intrafamily violence to increase, which in turn tends to increase societal violence even more; (2) there is a link between violence in one family role with violence in other family roles; (3) intrafamily violence may contribute to maintaining a system such as male dominance; (4) the change from a nonviolent to a violent style of interaction may represent an adaptation to changes in the substance basis of the society; and (5) a changed structure of interaction effects changes in actors and other spheres of interaction. In the history of a society external changes and internal conflicts can lead to changes in the structure of the society itself as a result of cybernetic processes by which events are monitored and controlled in a social system. 71 references.

/is violence; marital conflicts; family relations; sociocultural patterns; social change; social environment; theories

CD-1979
/ad New Hampshire Univ., Durham.
/ti Violence in the Family: An Assessment of Knowledge and Research Needs.
/au Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.
/so American Association for the Advancement of Science Session on ''Crime: What We Know and What We Need to Know,'' Boston,
/pa 51 pp.,
/da February 23, 1976.

/ab A brief review of research in intrafamily violence indicates the state of knowledge about the frequency and etiology of such violence, especially violence between husbands and wives. Because the family is the social setting within which a citizen is most likely to be a victim of physical attack, criminologists should focus on violence in the home. Child abuse and wife beating have received some attention but have largely been studied as medical entities. Much could be gained by treating these problems and other family violence as social problems. General theories of interpersonal violence which need to be tested in relation to the specific issue of intrafamily violence are outlined. A series of characteristics which distinguish the family from other small groups and which seem to account for higher violence in the family are presented. Seventeen specific controversies concerning the nature and causes of intrafamily violence are identified. The confusing variety of theoretical knowledge on intrafamily violence calls for intensive empirical research and careful theoretical synthesis. Standard methods of sociological research could be used in such research. 76 references.

/is research reviews; violence; marital conflicts; interpersonal relations; etiology; theories; social problems; family relations

Dewsbury, A. R. "Battered Wives: Family Violence Seen in General Practice," in Royal Society of Health Journal, Vol. 95, No. 6, December, 1975. pp. 290-294.

A survey of an "at risk" patient population of 13,000 revealed 15 battered wives, or 1.5 per thousand. Types of violence suffered included fractures, attempted strangulation, threats with a knife, and bruising. Characteristics found in the husbands and mates included extreme jealousy and an aggressive temperament. The assault frequently followed drinking by the male, although alcoholism was present in only 2 cases. Two children in the families surveyed had been battered, 12 had been temporarily taken into care by local authorities or relatives, and 8 showed evidence of serious neurotic disturbance. In one case, a mother assaulted her children after being beaten by her husband. Many of the battered women found that attempts at separation from their spouses lead to extreme anxiety and subsequent reunion. In more than half of the cases, the woman's choice of a husband was related to childhood experience.

Gelles, Richard J. "Abused Wives: Why Do They Stay?," in Journal of Marriage and the Family, November, 1976. pp. 659-668.

The author reviews statistical data from a prior study of 80 families and reports three major factors which influence a battered woman's decision to remain with her husband. The factors he explores are frequency and severity, abuse of the woman as a child, and lack of resources and power. Gelles focuses on the complexity of the issue and admits that he has only touched upon a few of the relevant factors. He mentions that external constraints also play a part in perpetuating domestic violence and lists the police, courts and social service agencies as examples. As this is a research report, it may be more valuable to professionals who are interested in theories pertaining to wife abuse and who are familiar with statistical data.

Goode, William. "Force and Violence in the Family," in Journal of Marriage and the Family, November, 1971. pp. 624-636.

Goode discusses the use of force in all social systems and particularly within the family. He explores the role of force in the socialization process of individuals. There is a section which covers violence within the family and discusses the roles of persons engaged in the violent action from an exchange perspective.

Hanks, Susan E., and C. Peter Rosenbaum. "Battered Women: A Study of Women Who Live with Violent Alcohol-Abusing Men," in American Journal of Orthopsychiatry, Vol. 47, No. 2, 1977. pp. 291-306.

The authors present data on case histories of 22 women living with violent alcohol-abusing men. They establish a typology of families of origin and compare the present relationship of the women with their parental background. Data indicates that there is a high correlation to parallels in childhood. It is suggested that self-awareness of the woman can help her to protect herself within the relationship, and insight can help her to avoid reestablishment of another abusive relationship. The authors do not give data on the backgrounds of the men. This article may be useful to clinicians.

Kobus, Elisabeth. "Stay Away from My Body," in Vrij Nederland, July 19, 1975. Translated by Janice Weiss. (Obtain from Janice Weiss, 1741 Fox St., South Bend, Ind. 46613.)

The article includes narrative descriptions of individual abusive cases in an attempt to illustrate the realities of wife abuse. It is written non-scientifically and the author claims that they chose to avoid "scientific" studies and requested no subsidies or grants to fund their shelter in the Netherlands. Kobus explores various service agencies and their functions and limitations in dealing with physically abused women. Her discussion includes police, doctors, lawyers, child protective services, familial and neighbor support. The article states the position the group holds on limiting the shelter to physically abused women and lists its operational principles for running the house. Included is a look at community reaction to the development and maintenance of the shelter. The article is an excellent resource for those actively working on woman abuse and is interesting for its European authorship.

Lystad, Mary Hanemann. "Violence at Home: A Review of the Literature," in American Journal of Orthopsychiatry, Vol. 45, No. 3, 1975. pp. 328-345.

The author cites 162 references in her review of the literature. She examines psychological, social and cultural perspectives of family violence. The review encompasses theoretical issues, incidence of family violence, violence between spouses, abuse of and by children, and other related topics. A theory of violence in the home is offered. This is a comprehensive article.

Owens, David J., and Murray A. Straus, "The Social Structure of Violence in Childhood and Approval of Violence as an Adult," in Aggressive Behavior, Vol. 1, 1975. pp. 193-211.

Data was analyzed from a national survey and three aspects of violence were investigated. The authors studied the relationship of observing violence, of being a victim of violence, and of committing a violent act as a child with approval of violence as an adult. Findings show that those who experience violence as a child tend to favor the use of violence as an adult.

Pizzey, Erin. "Battered Wives: Chiswick Women's Aid - A Refuge from Violence," in Royal Society of Health Journal, Vol. 95, No. 6, December, 1975. pp. 297-298; 308.

The founding and operation of the Chiswick Womens' Aid refuge for battered wives and the situation which led to its establishment are described. Shelter residents are largely responsible for the facility's day-to-day operations and participate in refuge decision-making. Most mothers join in the center's community life and form friendships with other women, often for the first time in their lives. Many mothers and their children stay in the intensive care atmosphere of the central refuge for three months and then move to a smaller shelter-sponsored community house where they live with three or four other battered families. Programs are being established to train battered wives to enter the work force and become financially self-supporting and emotionally self-sufficient.

Pizzey, Erin. Scream Quietly or the Neighbors Will Hear. London, Penguin Special, 1974.

The author is the founder of Chiswick Women's Aid, an emergency shelter for battered women. The experiences of the shelter are recorded in this book along with some views of the nature of the problem and solutions. Much success of the shelter is attributed to the willingness to accept all women, to respond quickly and to provide a safe place for women to sort out their lives. This short, easy-to-read paperback is excellent for all who have an interest in understanding the severity of the problem and the need for services.

Van Stolk, Mary. "Battered Women, Battered Children," in Children Today, March-April, 1976. pp. 8-12.

The author researched the extent of child abuse in Canada and discovered that many children were being beaten in the wombs of their mothers. In an effort to uncover statistics related to prenatal child abuse, she attempted to uncover Canadian records of beaten pregnant women. Van Stolk draws parallels between beaten women and beaten children. She looks at historical evidence of mistreatment of women and children. This article supports the high incidence of violence in pregnancy as stated by Richard Gelles and others.

Wilson, E. "Battered Wives: A Social Worker's Viewpoint," in Royal Society of Health Journal, Vol. 95, No. 6, December, 1975. pp. 294-297.

The historical relationship of social work to wife battering is described, along with the way it has been largely ignored in comparison to other family problems. Because of statutory provisions and the high value placed on children by society, battered children rather than battered women have received priority. Traditional ideas of male and female roles within a marriage have also affected the profession's response to battering. Social workers are starting to recognize the extent of the wife battering problem, but until society's attitude towards the marriage relationship changes, that of social workers will be slow to evolve.

Woods, Frances, and Miriam Habib. "Strategies for Working with Assaulted Women, Their Families, and the Systems Around Them," Women Helping Women, Metuchen, N.J., 1976.

The outline lists important intervention areas when working with individual battered women, with children of battered women, and with social systems that encounter battered women. This four-page guide is itemized and may be used as a checklist by those working with abused women. It is sensitive to the emotional as well as the practical problems faced by battered women. This is also a good resource to help in the training of crisis counselors.

*Center for Advanced Studies in Human Services, Midwest Parent Child Welfare Resource Center, School of Social Welfare, University of Wisconsin-Milwaukee

Annotated Bibliography on Woman Battering, Compiled by Claudette McShane, July, 1977

10/5/6
ED130530 SO010009

The Status of Women in Alaska, 1977. A Preliminary Study.

Jones, Dorothy M.; And Others

Alaska State Commission on Human Rights, Anchorage.; Alaska Univ., Anchorage.

Jan 77 381p.; Some tables may be marginally legible due to small type; Compiled by the Institute of Social and Economic Research of the University of Alaska

EDRS Price MF-$0.83 HC-$18.07 Plus Postage.

To determine the precise nature and extent of the problem confronting Alaskan women, the Legislature in 1976 directed the Human Rights Commission to conduct a study on the status of women in education, employment, health, and the justice system. This publication contains the results of that study. Data for the study were secured through interviews with experts, administrators and staff of services for women, and with users of services; analysis of available statistical data; and when possible, collection and analysis of original data such as surveys of housewives, battered wives, and lawyers, respectively. Some of the issues that were explored in the field of education include sex bias in curriculum materials, athletics, counseling, and vocational training. Employment research centered on sex segregation in occupations, inequality in income, and the needs of working mothers. The health study focused on the special emotional crises occasioned by divorce and wife battering and on the difficulties in obtaining access to abortions and family planning services. The handling of rape cases, the dehumanizing treatment of women in prisons, the insufficient response to wife beatings, the difficulties faced by women undergoing divorce, and the inequalities found in the legal profession were examined in the context of the justice system. (Author/RK)

Descriptors: Bias/ *Civil Liberties/ Divorce/ Education/ Employment/ Family Planning/ *Females/ *Feminism/ Health/ Justice/ Laws/ Needs/ *Sex Discrimination/ Social Science Research/ Status/ *Study/ Textbook Bias

Identifiers: *Alaska

10/5/1
EJ160223 CG512426

Marital Violence: Dimensions of the Problem and Modes of Intervention

Saunders, Daniel G.

Journal of Marriage and Family Counseling, 3, 1, 43-51 Jan 77

This paper reviews data on the incidence of marital violence and recommends methods of intervention on a family and social level. Myths which may block awareness of this widespread problem are briefly described. Particular attention is given to the inadequacy of the catharsis hypothesis in explaining and treating marital violence. (Author)

Descriptors: *Intervention/ *Marriage Counseling/ *Violence/ *Aggression/ *Family Relationship/ *Behavior Problems/ Case Studies/ State Of The Art Reviews/ Helping Relationship/ Interaction Process Analysis

09900 00 029862
Battered Wives
Medicine, Science and the Law, V 15, N 4 (October 1975), P 237-245
Publication Date: 1975 Pages: 8
Gayford, J J
John Wright and Sons, LTD
42-44 Triangle West
Bristol BS8 1EX
England
Article

Some of the details of a survey of 100 battered wives are presented, including the types of injuries seen and the backgrounds to the cases.

A woman who is reportedly assaulted by her marital partner experiences considerable difficulty in finding a safe place to escape to with her disturbed children. Unless she can find sanctuary, the law can be circumvented by further violence from her husband. A woman can easily enter into a second violent relationship, not because she chooses a violent partner, but because such men are the few readily available in her subculture. The example given to the children prepares the ground for them to enter into the same type of relationships in the next generation. (Author Abstract)

09900 00 039992
Women and Crime (1976 Congress of Cities Cassettes)
Publication Date: 1976
Gates, M Kojack, K Hume, N
National League of Cities
1620 I Street, NW
Washington, DC 20006
Eastern Audio Associates
150 Washington Boulevard
Laurel, MD 20310
Audio Cassette
120 Minutes, 1976 $13.00

A national league of cities conference panel discusses rape, wife beating, and child abuse.

The panelists, attorneys and women's rights advocates, discuss each of the three subjects. Their presentations are aimed at encouraging public officials to adopt measures to ensure the safety of women and children against such crimes. They call for changes in the laws where necessary, public awareness, and victim advocate programs. In some instances, they debate. A new awareness on the part of police and criminal justice officials will help....BS

09900 00 040584

Social Context of Violent Behaviour - A Social Anthropological Study in an Israeli Immigrant Town

Publication Date: 76 Pages: 145

Marx, E.

Routledge and Kegan Paul Ltd.
Broadway House
68-74 Carter Lane
London
England
Paperback 3.500 Pound

Conclusions from the study indicate that violence is purposeful behavior that occurs in specific situations, and that the violent person is cognizant of his acts geared to inform the public in a dramatic manner.

These conclusions are the outcome of findings after two years anthropological fieldwork in a community of Moroccan immigrants in an Israeli new town. Focusing on some of the most common kinds of personal violence observed during that time, the author examines in detail incidents of wife and child beating, threats, assaults, shopwrecking and attempted suicide. From particular observation of these, he moves to comment on the general social background of violence and presents his theories on violent behavior. In conclusion the author shows that there are different kinds of violence, and that frustration/aggression theories can explain only a limited range of violence. He contends that there is a marked correlation between the situation and the type of violence which it produces, and from this observation forms a general social-anthropological theory about the connection between types of violent behavior and their social relationships. (Author Abstract)

09900 00 019416
Memorandum on Battered Wives
Publication Date: 74 Pages: 22
Anon
Royal College of Psychiatrists
Chandos House
2 Queen Anne Street
London W1
England
Document

Overview of the problems and incidence of wife battering, with discussion of its various social, psychological and psychiatric causal factors and its relationship to child battering and wife killing.

Using case histories to describe varied patterns of wife battering, the authors demonstrate the complexity of home and marital factors involved in this condition, which is regarded as a failure in adaptation or a failure to acquire adequate social learning. They find that classification is both possible and necessary, and that many battered wives make use of help when it is available. Child battering by both parents is found in some frequency in homes where the wife is also assaulted. Police protection is recognized as effective in only the mildest cases. Recommended measures include the need for more descriptive research, the promotion of close liaison between the appropriate governmental and voluntary service agencies, the creation of 24-hour advisory services, the creation of more short-term accomodation projects for battered wives and children, and a continuing program of local and national education, particularly in the schools.

75-16261 L3
AUTHORS: Daly, Liam.
ADDRESS: no address
TITLE: Family violence: a psychiatric perspective.
SOURCE: Journal of the Irish Medical Association (Dublin).
SOURCEID: 68(18):450-453, 1975.

Types of violence occurring in the family are reviewed. Three categories of particular interest to a forensic psychiatrist are homicide, infanticide, and child or wife battering. It is recommended that, in dealing with problems of family violence in the community, services be provided by a specialized team, preferably including a psychiatrist, social worker, psychologists, community nurse, and occasionally representatives of other relevant agencies such as the clergy, police and the courts. Therapy focusing on the options to violence is advocated. 8 references.

75-20884
AUTHORS: Lund, Susan Jo Nelson.
ADDRESS: University of Minnesota
TITLE: Personality and personal history factors of child abusing parents. (Ph.D. dissertation).
SOURCE: Dissertation Abstracts International.
SOURCEID: Ann Arbor, MI, Univ. M-films, No. 75-27202 HC$18.00 MF$7.50 231 p.

The background and personality characteristics of parents whose children had been abused were examined through a series of comparisons using data from mental health center files, county welfare and hospital facilities, and the pediatric services of a general hospital. Results suggest that abusing parents generally have more deviant background characteristics, particularly marital difficulties and wife beating. Physical abuse as a child, previous psychiatric treatment, and alcoholc abuse were also more characteristic of this group. Results of psychological tests suggest, that abusing parents are more deviant in terms of poor impulse control, poor judgment, dissatisfaction with family and social life, communication, empathy, and interpersonal difficulties. The parent who actually abuses his child appears more deviant in terms of personality functioning than the nonabusive parent of the child. It is concluded that psychological tests may be useful in differentiating actual abusers from comparison group parents, even in populations where most parents are fairly deviant in terms of personality functioning, a finding which disagrees with suggestions of other researchers. (Journal abstract modified)

75-7080 L3
AUTHORS: Lystad, Mary Hanemann.
ADDRESS: National Institute of Mental Health, Rockville, MD 20852
TITLE: Violence at home: a review of the literature.
SOURCE: American Journal of Orthopsychiatry.
SOURCEID: 45(3):328-345, 1975.

Psychological, social and cultural perspectives of family violence are examined in a review of the literature. Studies are reviewed which relate to theoretical issues, incidence of family violence, violence between husbands and wives, abuse of children, abuse by children, violence related to social structure, and services to discordant families. Findings suggest that a comprehensive theory of violence at home must take into account factors at several levels, placing individual functioning within the social group and within the cultural norms by which the group operates. A theory of violence at home is offered, and suggestions are made for further research. 162 references. (Author abstract modified)

AUTHORS: Tahourdin, Betty.
ADDRESS: 2 Twyford Avenue, London W3 9QA, England
TITLE: Battered wives: "only a domestic affair."
SOURCE: International J. of Offender Therapy and Comparative Criminology (London).
SOURCEID: 20(1):86-88, 1976.

The function of the Chiswick (England) Women's Aid, a home run by volunteers providing refuge for the victims of domestic violence, the battered wives and their children, is discussed. It is noted that invasion of privacy laws render police ineffective in such cases, and that definitions of "homeless" as they entitle people to welfare care render social services equally ineffective. That women must have an escape from husbands who are bullies, drunkards or psychotics is emphasized. For her physical well-being and for the physical and psychological well-being of their children, more homes of refuge should be a demand of Women's Lib and all women in general.

AUTHORS: Wehner-Davin, Wiltrud.
ADDRESS: Muhlbach, West Germany
TRTITLE: /Sexual child murder by an unsuspected villager./
TITLE: Nicht vermisst -- ermordet von einem Unverdachtigen.
SOURCE: Kriminalistik (Hamburg).
SOURCEID: 30(6):248-250, 1976.

The case of a man who raped and murdered an 8-year-old girl is reported. The murder took place in a small German farming town where all residents were long-term acquaintances. On Sunday afternoon, the little girl went to visit her best friend and playmate, another 8-year-old girl in the village. She was invited in by her playmate's father, raped and killed with a rake. The murderer's family had a reputation in the village of being diligent and upright people, the children were always clean, orderly, and punctual. The murderer was a simple, quiet man who had moved there from Belgium and married a local woman. After his initial arrest the murderer's wife gave a history of her relationship with her murderer husband, describing his perversity and brutality. For the sake of her children and the other people in the village she had borne his brutality and abuse in silence. No one suspected there was anything amiss in this model

DOC YEAR: 1977 VOL NO: 57 ABSTRACT NO: 10349
Report on National Conference on Crime and Violence in Modern Society.
Brain, Paul
U Coll Swansea, Wales
Aggressive Behavior 1976 Vol 2(3) 233-235
Briefly describes the papers at a conference on crime and violence held in London in 1976. Topics included anthropological perspectives of violence, how moral judgments influence perceptions of violence, the relationship between food impurities and violence, social coherence and new towns, violent sex crimes, corporal punishment in education, battered wives, and concepts of social control.
LANGUAGE: Engl CLASSIFICATION: 29
SUBJECT TERMS: CRIME, VIOLENCE, PROFESSIONAL MEETINGS AND SYMPOSIA; 12430, 55770, 40740
INDEX PHRASE: crime & violence, description of conference papers, London, 1976

DOC YEAR: 1977 VOL NO: 57 ABSTRACT NO: 12634
Abused wives: Why do they stay.
Gelles, Richard J.
U Rhode Island
Journal of Marriage & the Family 1976 Nov Vol 38(4) 659-668
Attempted to determine why a woman who had been physically abused by her husband would remain with him. Interviews were conducted with members of 41 families in which women had been beaten by their husbands. Nine of these women had been divorced or separated from their husbands; 13 had called the police; 6 had sought counseling from a private social service agency; and 11 had sought no outside intervention. Three major factors influence the actions of the abused wives: The less severe and less frequent the violence, the more a wife remained with her husband. Secondly, the more a wife was struck as a child by her parents, the more likely she was to remain with her abusive husband. Finally, the fewer resources a wife had and the less power she had the more likely she was to stay with her violent husband. In addition, external constraint influenced the actions of abused wives. (39 ref)
LANGUAGE: Engl CLASSIFICATION: 29
SUBJECT TERMS: WIVES, VIOLENCE, HUSBANDS, MARITAL CONFLICT, AGGRESSIVE BEHAVIOR; 56900, 55770, 23590, 29620, 01390
INDEX PHRASE: factors influencing remaining with violent husbands, abused wives

DOC YEAR: 1973 VOL NO: 49 ABSTRACT NO: 04716
Youth, violence, and the nature of family life.
Havens, Leston L.
Massachusetts Mental Health Center, Boston
Psychiatric Annals 1972 Feb Vol. 2(2) 16-29

Compared the current reorientation of attitudes toward the family with the changes in thinking which occurred with Freud's studies. Both revolutions are associated with a sharp shift in expectations, but the changes in family attitudes lead to more concern with actualities rather than fantasies, with violence rather than sexuality. The idealized image of the family has fallen beneath data from studies of family violence and family contributions to mental illness. Family violence is discussed, including the battered and murdered child, child murder, sibling murder, matricide and patricide, spouse murder, and murder due to disappointed love. The contributions of genetics, psychological identification, and environment to familial patterns of violence are considered. The family contribution to mental illness is discussed with special emphasis on criminality, psychopathy, sociopathy, and schizophrenia. It is concluded that current studies on the complexities of the maturation process have led to a new appreciation for the dangers and responsibilities of parenthood.

CLASSIFICATION: 14
SUBJECT TERMS: FAMILY RELATIONS, CHILDREARING ATTITUDES, CHILD ABUSE, VIOLENCE, MENTAL DISORDERS/; 19250, 08610, 08550, 55770, 30740
INDEX PHRASE: change in family & childrearing attitudes, intrafamily violence & mental illness

11/5/7
DOC YEAR: 1977 VOL NO: 57 ABSTRACT NO: 05630
Rage-hate-assault and other forms of violence.
Madden, Denis J.; Lion, John R.
U Maryland Medical School, Inst of Psychiatry & Human Behavior, Baltimore
New York, NY: Spectrum, 1976. 265 p. $20

Uses clinical and scholarly perspectives to examine the problem of increasing violence, and indicates the need for theories and practices with lasting effects. Topics discussed include child abuse, violence in the family, violence in the media, predicting dangerousness, national and international violence, psychological approaches to violence, suicide and self-destructive behavior, nonhuman aggressive behavior, epilepsy and violence, and treatment of the aggressive patient.

LANGUAGE: Engl CLASSIFICATION: 29
SUBJECT TERMS: BOOK, VIOLENCE; 06590, 55770
INDEX PHRASE: problem of increasing violence, book

11/5/6
DOC YEAR: 1977 VOL NO: 57 ABSTRACT NO: 06464
Battered wives.
Martin, Del
San Francisco, CA: Glide, 1976. xvii, 269 p. $6.95

The problem of wife-battery is discussed within the framework of sex-role stereotypes, using victim self-reports to elucidate this prevalent, but frequently overlooked form of violence. The failures of the legal system and social service agencies to deal with the problem are considered, and survival tactics, legislative proposals, and refuges for the victims are cited.

LANGUAGE: Engl CLASSIFICATION: 32
SUBJECT TERMS: BOOK, SEX ROLES, STEREOTYPED ATTITUDES, COMMUNITY SERVICES, LEGAL PROCESSES, ANTISOCIAL BEHAVIOR, MARITAL RELATIONS; 06590, 46940, 49790, 10690, 26110, 03230, 29640
INDEX PHRASE: sex roles stereotypes & social services & legal system & survival tactics & legislative proposals & refuges for victims, wife battery, book

DOC YEAR: 1974 VOL NO: 51 ABSTRACT NO: 01355
Social networks and deviance: A study of lower class incest, wife beating, and nonsupport offenders.
Scheurell, Robert P.; Rinder, Irwin D.
U. Wisconsin, Milwaukee
Wisconsin Sociologist 1973 Spr Vol. 10(2-3) 56-73

Selected 10 incest offenders, 10 wife beaters, and 10 nonsupporters from the white male population of a prison. It was hypothesized that (a) all 3 groups have a close-knit social network and a segregated pattern of conjugal role performance, (b) the incest offender would be more socially isolated (lower frequency of social contacts) and maintain role segregation between himself and his spouse through the female children assuming some of the household tasks, and (c) there would be more task sharing in the household of the incest offender. Since the bulk of this sharing of household tasks would be between the offender and female children or the spouse and female children, the role segregation would be maintained between the offender and his spouse. Results of interviews tend to support these expectations but the small sample size and biased sample minimize the significance for generalization. An unexpected finding was the perception of role disharmony for the offender groups. The incest offender had a greater incongruity between the behavioral and normative definitions of conjugal roles than the other offenders. He perceived greater role disharmony and desired a more segregated role behavior pattern. (26 ref.)

CLASSIFICATION: 14
SUBJECT TERMS: SEX ROLES, MARITAL RELATIONS, INCEST, ANTISOCIAL BEHAVIOR, LOWER INCOME LEVEL; 46940, 29640, 24590, 03230, 26070
INDEX PHRASE: social networks & deviance in behavioral & normative conjugal role definitions, lower class incest vs wife beating vs nonsupport offenders

DOC YEAR: 1975 VOL NO: 53 ABSTRACT NO: 11931
Battered wives.
Scott, P. D.
Maudsley Hosp, London, England
British Journal of Psychiatry 1974 Nov Vol 125 433-441

Defines the battered wife as a woman who has suffered serious or repeated injury from the man with whom she lives. The phenomenon is described as a failure in adaptation rather than a disease entity, or as a failure to acquire adequate social learning. Among the arbitrary types of wife battering which are described, apart from the probably major cultural type, are men with (a) immature personalities; (b) other personality disorders, including the dependent and aggressive types; (c) jealousy reactions; and (d) addictions. Previous studies of small samples of child-battering fathers suggest that at least 25% of them also batter their wives.

CLASSIFICATION: 14

SUBJECT TERMS: WIVES, MARITAL CONFLICT, BEHAVIOR DISORDERS, ETIOLOGY ; 56400, 29620, 05830, 10190

INDEX PHRASE: etiology & definition & types of men, wife battering

11/5/2
DOC YEAR: 1977 VOL NO: 56 ABSTRACT NO: 03179
Violence.
Tutt, Norman
Dept of Health & Social Security, Social Work Service Development Group, London, England
London, England: Dept of Health & Social Security, 1976. 278 p.

Presents a collection of 13 papers on violence and its effects which resulted from a series of seminars sponsored by the Social Work Service Development Group of the Department of Health and Social Security in England. Topics include historical studies of violence, aggressive behavior in animals, relationships between young children and adults in normal families, problems of group violence, how violence can occur in social service settings, and problems of social and family violence.

LANGUAGE: Engl CLASSIFICATION: 24, 00

SUBJECT TERMS: SELECTED READINGS, VIOLENCE, ANIMAL AGGRESSIVE BEHAVIOR, AGGRESSIVE BEHAVIOR; 46150, 55770, 02560, 01390

INDEX PHRASE: violence & its effects in animals & humans, book of readings

13/5/6
76H0313-0
Iatrogenic and Preventive Intervention in Police-Family Crisis Situations
Barocas, Harvey A.
Bernard M. Baruch Coll, City U New York NY 10021
The International Journal of Social Psychiatry, 1974, 20, 1-2, Spr-Sum, 113-121. Coden:ijsp-a
18 Park Ave., London NW11 7SJ, England
Area/Section: 1900/41
Descriptors: PSYCHOLOGY; POLICE; MENTAL HEALTH; CRISIS
Index Phrase: urban police & psychological training for crisis situations;

Abstract: Despite the growing importance of paraprofessional mental health services, little has been done to include the US policeman in such health services. The abrasive relationship between the police & the minority communities has been a major & explosive source of grievance, tension, & disorder. Frequently violence is triggered by authority. Iatrogenic intervention is frequent in the police & medical professions. (the term iatrogenic is usually used in a medical context to mean an ailment caused by the MD's intervention in an effort to facilitate the healing process.) Police must realize that the prevention of violence is a mental health problem. A person resorts to violence because he sees no other alternatives; the policeman must aid in seeking alternatives. The essence of a crisis is a struggle to master an upsetting situation & regain a state of balance. The individual in a crisis loses his ability to control his own behavior & is especially susceptible to therapeutic invertion with a lasting effect. Family disturbance calls currently represent the single most frequent source of injury & death to police officers by national statistics especially in cases of wife-beating, infidelity, child abuse, & incest. Policemen need psychological training to be a positive rather than a negative force in situations of psychological crisis. L. DeForge

13/5/2
77S0967-0
Family Violence and Household Density: Does the Crowded Home Breed Aggression?
Farrington, Keith
Whitman Coll, Walla Walla WA 99362
Descriptors: VIOLENCE; STRESS; THEORY; HOUSEHOLD; FAMILY; GENERAL; DENSITY
Index Phrase: family violence vs household density; data source, Pearson product-moment correlation, support, general stress theory;
DOC TYPE: SSSP197775d

Abstract: An examination of the relationship between household density & family violence. The sample utilized consists of 190 Coll students interviewed via questionnaire. The primary hypothesis -- that households characterized by a high degree of density will be more likely to have higher levels of violence between family members -- is tested via Pearson product-moment correlation. The hypothesis is supported by the data, & this bivariate relationship remains unchanged when elaborated in terms of several relevant control variables -- SES & type of community. This relationship is explained in terms of a ''general stress theory'' of family violence.

13/5/4
74N0093-0
Marital Violence and the Criminal Process: Neither Justice nor Peace
Field, Martha H.; Field, Henry F.
4930 South Greenwood, Chicago, Ill & Mayer, Brown & Platt, Chicago, Ill
Social Service Review, 1973, 47, 2, Jun, 221-240. Coden:SSRV-A
Area/Section: 2000/56 Country:USA
Descriptors: MARRIAGE; FAMILY
Index Phrase: A critique of dealing with marital violence in a criminal-justice system

Abstract: An examination of the human costs that accrue from the current policy of dealing with marital violence exclusively in the context of the criminal-justice system. It suggests the need for soc policies & services that would more effectively prevent the occurrence or recurrence of violent acts between man & wife. AA

13/5/5
76N9011-0
The Jekyll and Hyde Marriages
Marsden, Dennis; Owens, David
U Essex, Wivenhoe Park Colchester CO4 3SQ England & U Cardiff, Wales
New Society, 1975, 32, 657, May 8, 333-334. Coden:NWSO-A
IPC Magazines, 128 Long Acre, London WC2E 9QH, England
Area/Section: 1900/41
Descriptors: VIOLENCE; MARRIAGE
Index Phrase: patterns of marital violence;

Abstract: John Gayford, in a study (''Wife Battering: A Preliminary Survey of 100 Cases,'' British Medical Journal, 1975, 5951, 1) of 100 battered wives from Chiswick, found that many husbands & some wives had suffered parental violence as children, some men had records of violent offences, many women had become pregnant out of wedlock, most men were intensely sexually jealous, & many marriages ended when the men became violent toward the children. The pattern of marital violence differed for 19 women studied in one small town. Few of these women came from violent homes or were pregnant at time of marriage. In most families with children, the mother claimed that the father was good with them, & though many wives felt they could support themselves, all were living with their husbands. The wives thought the men's violence had a Jekyll & Hyde quality, but was not symptomatic of a complete relationship breakdown. The few patterns of marital violence in these 19 cases indicates one should not take a simple view of violence in the general population. This small sample seemed worth reporting because of the lack of research on the issue. L. Foster

federal register

MONDAY, JANUARY 23, 1978
PART II

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Human Development Services—Administration For Children, Youth, and Families—Children's Bureau

■

PROPOSED FISCAL YEAR 1978 CHILD ABUSE AND NEGLECT RESEARCH AND DEMONSTRATION PRIORITIES

[4110-12]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Human Development Services, Administration for Children, Youth and Families, Children's Bureau

NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

Proposed Fiscal Year 1978 Child Abuse and Neglect Research and Demonstration Priorities

ACTION: Notice of proposed research and demonstration priorities.

SUMMARY: This notice states the research and demonstration (R&D) priorities that the Children's Bureau's National Center on Child Abuse and Neglect proposes to initiate in Fiscal Year 1978 under the Child Abuse Prevention and Treatment Act (Pub. L. 93-247). This notice is being published in order that the final R&D priorities for this fiscal year may incorporate appropriately the expertise and best thinking in the field.

Comments on these proposed priorities or suggestions on other priorities are invited. No proposals, concept papers, or other forms of application should be submitted at this time.

DATE: In order to be considered, comments must be received no later than March 24, 1978.

ADDRESS: Comments should be sent to: Director, National Center on Child Abuse and Neglect (NCCAN), Children's Bureau, P.O. Box 1182, Washington, D.C. 20013.

FOR FURTHER INFORMATION CONTACT:

Director, NCCAN/CB, at the above address.

SUPPLEMENTARY INFORMATION: This statement announces the proposed research and demonstration priorities to be funded in fiscal 1978 under the Federal Child Abuse Prevention and Treatment Act, Pub. L. 93-247. Public review of these proposed priorities is being sought in order to draw upon the experience, expertise, and most advanced thinking of persons in the field and to maximize the potential benefits of the child abuse and neglect research and demonstration program.

Pursuant to Pub. L. 93-247, the Children's Bureau's National Center on Child Abuse and Neglect (NCCAN) conducts activities designed to assist and enhance national, state, community, and citizen efforts to prevent, identify, and treat child abuse and neglect. The activities include: Conducting research and demonstrations, providing technical assistance; gathering, analyzing, and disseminating information and data on research and programs, through a clearinghouse; providing grants to eligible States for strengthening and improving their child abuse and neglect programs; and coordinating Federal activities in child abuse and neglect with those of other Federal agencies through the Federal Advisory Board on Child Abuse and Neglect. Thus, there are many activities other than research and demonstration which require staff and financial support by CB/NCCAN.

Previous CB/NCCAN research and demonstration activities have tended to approach issues of child abuse and neglect prevention and treatment broadly, in order to develop a basic knowledge base, e.g., multidisciplinary treatment services to parents for various types of child abuse and neglect in enriched project settings and the use of 24-hour hotlines and central registers. The proposed research and demonstration priorities for fiscal year 1978 begin to refine definitional, diagnostic, and service approaches to target attention to specific forms of child maltreatment. The proposed priorities also emphasize that demonstration projects with modest budgets can be institutionalized into on-going service programs more readily than projects with large budgets. The priorities are based also on major shifts in emphasis from increasing public awareness to improving prevention and treatment services, and to a focus on treatment for the child, as well as parents. Additionally, emphasis is placed on improving the functioning of public child protective agencies.

Another underlying theme, building on the past generalized treatment center demonstrations, is an emphasis on the cross-cutting, multi-agency approach to the delivery of treatment services. Many agencies other than the child protection agency deliver vital treatment services. This theme includes testing hypotheses that are intended to provide information on methods of maximizing the quality, efficiency, and effectiveness of human service programs related to child abuse and neglect.

A final, underlying theme is that all proposed priorities include a particular sensitivity to the special cultural and linguistic needs of minority children (Blacks, Hispanics, Asian Americans and Native Americans) and their families.

The experience of the first generation of CB/NCCAN research and demonstration projects has also resulted in the identification of gaps in information, knowledge, and the testing of designs. The following areas of concern are addressed through the proposed projects:

Epidemiological knowledge. To learn about the characteristics, extent, causes, and effects of child abuse and neglect in order to determine the unmet needs of children and families.

Treatment. To increase the quality and quantity of treatment services provided by community based human service agencies and to determine what forms of child maltreatment require more intense supervision through child protective agency monitoring.

Child Protective Services. To improve the ability of child protective agencies to receive and investigate reports, provide 24-hour emergency services, develop and implement service plans and, when necessary, initiate court action.

Prevention and Self-help. To increase the quality and quantity of services provided by community based human service agencies to encourage self-referrals and to prevent "high-risk" situations from becoming overt child maltreatment.

Juvenile Courts. To increase the ability of juvenile and family courts (a) to adjudicate child protective cases promptly, accurately, and fairly, and (b) to determine, implement, and monitor appropriate orders of disposition.

Institutional Child Abuse and Neglect. To further the development of independent investigations, in order to prevent and to take corrective action in cases of institutional child maltreatment.

Resource Enhancement. To encourage advocacy by non-service as well as service providers at national, state and community levels in order to improve the quality and quantity of preventive, protective, and treatment services available.

All of the proposed priorities in this notice, except the evaluations (No. 5, 8, and 10), would be conducted by grant. For each priority, a project title, the number of projects, the approximate funding level, the duration of the projects, statements on the importance and purpose of the project, the background of the project, the proposed methodology, and the future utilization of project findings are given.

Competitive extension of regional resource projects is also proposed, based on the Senate bill extending the Act, which authorizes "* * * giving special consideration to continued Federal funding of child abuse and neglect programs or projects (previously funded by the Department of Health, Education, and Welfare) of national or regional scope and demonstrated effectiveness." All proposed priorities are subject to the limits and requirements of program authority under the extension of the Act, as finally enacted.

Specific comments and suggestions are solicited concerning each of the priorities described below. In addition, reviewers are invited to suggest any additional research or demonstration priorities. Suggested additional priorities would be most helpful if they were presented in the same format and with the same topical areas as the priorities described in this announcement. "No proposals, concept papers, or other forms of application should be submitted at this time." Any such submissions will be discarded. In order to maintain a procedure fair to everyone, applications will be accepted only in response to the final Priority Statements. A summary of them will be published in the FEDERAL REGISTER.

All grant applications received in response to the final Priority Statements will be reviewed by the Administration for Children, Youth and Families' Child and Family Research Review Committee. Requests for contract proposals, i.e., the evaluations of demonstration projects (No. 5, 8, and 10), will be published and will be announced in the Commerce Business Daily of the Department of Commerce. All proposals for contracts are reviewed by Federal panels according to the regulations of the Department of Health, Education, and Welfare.

No acknowledgement will be made of the comments received, but all of them will be considered in finalizing the child abuse and neglect research priorities. In addition, all persons commenting on the proposed priorities will be placed on the child abuse and neglect mailing list and will be sent the final research and demonstration priority statement, which will serve as the invitation for research and demonstration grant applications. It is anticipated that the priority statements will be announced and sent out in the Spring of 1978 and grants awarded in September, 1978, subject to Departmental approvals and the availability of funds.

PROPOSED PROJECT DESCRIPTIONS

(a) EPIDEMIOLOGICAL KNOWLEDGE

PROJECT TITLE: LONGITUDINAL RESEARCH ON CHILD MALTREATMENT: EXPLANATORY CONCEPTS AND DEVELOPMENTAL CONSEQUENCES FOR THE CHILD AND FAMILY

NUMBER, COST, AND DURATION OF PROJECTS

Four grants at $150,000 each for fiscal year 1978, 1979, and 1980; 4th year at $40,000.

IMPORTANCE OF THE PROJECT

Research on the dynamics of families involved in child maltreatment over time is scarce. Most research ingores the historical events and the social contexts in which families are embedded. Ecologically valid studies over time would permit the development of explanatory hypotheses leading to sounder theories concerning maltreatment of children.

PURPOSE OF THE PROJECT

The specific intent is to develop theories based upon a holistic examination of abuse and neglect that takes into consideration historical and ecological factors, the family, and the transition of time. These theories are necessary to guide policy and program development relating to services, technical assistance and research.

BACKGROUND

There are now over a hundred research projects that have attempted to identify the significant "causes" of abuse and neglect through the study of demographic, social, and psychological attributes of the parents and child. In the aggregate the results are not consistent though certain characteristics of the mother and child appear more frequently than others: age of mother, social isolation, knowledge and competence in child rearing, family stress, vulnerable child demanding more attention, poverty, and poor housing.

Despite definitional, sampling and methodological problems, various theories have emerged: (1) The economic, political, and social factors and the associated value premises impact upon the family with resultant consequences for the parents and child; (2) most families living in adverse circumstances do not maltreat their children and only those guardians with psychological problems, low intelligence, or lack of child rearing skills are prone to maltreatment; (3) the child is unwanted and this is manifested by poor maternity care leading to prematurity or congenital handicapping conditions of the infant; (4) the mother has developed a pathological attachment to the child or is an infantile mother characterized by the apathy-futility syndrome.

These and other theories can only be tested through longitudinal research which looks at the settings, events, and circumstances affecting the family overtime.

METHODOLOGY

There are two approaches to longitudinal research: (1) Study new cohorts samples specifically for studying child maltreatment; (2) "piggy-back" on existing longitudinal research in which a sub-sample of the cohorts are identified with maltreatment. The former approach is economically feasible through methodological developments since the early 1960's in life span and life course research. By combining prospective and retrospective methods, data can be collected on two generations. The "piggy-back" approach is far less costly but depends upon identifying appropriate cohorts that will have a sufficient number of maltreatment cases. Several such research projects use a high-risk cohort which would have the highest probablity of containing maltreatment cases.

UTILIZATION

The results from this research would provide essential guidance for policy and planning at the Federal level. It would have immediate impact upon future research direction and methodology and direct the use of scarce resources on the most promising leads.

(b) TREATMENT

(2) PROJECT TITLE: CLINICAL DEMONSTRATIONS OF SPECIALIZED TREATMENT: ADOLESCENT MALTREATMENT, SUBSTANCE ABUSE RELATED MALTREATMENT, AND NEGLECT

NUMBER OF PROJECTS

	Projects
Adolescent abuse and neglect	3
Substance abuse related child maltreatment	3
Neglect	3
Collaborative	1
Total	10

COST AND DURATION

3 years at $120,000 per project annually.

IMPORTANCE

The present generation of treatment demonstration projects has identified gaps in treatment knowledge concerning the following situations: (1) Adolescent abuse and neglect; (2) drug or alcohol related abuse; and (3) all forms of neglect. Adolescent abuse entails the direct participation of the parents and the adolescent in the diagnostic assessment, treatment plan, and services. Alcohol or drug related abuse or neglect involves multi-problem families in which both parents and children are in jeopardy. There are about three times as many cases of neglect as abuse. These are invariably long-term and chronic situations of family dysfunction.

PURPOSE

To validate through clinical field research various treatment approaches to these difficult problems.

BACKGROUND

Between fiscal year 1974 and fiscal year 1977, a total of 32 child abuse and neglect demonstration treatment projects provided undifferentiated services for all cases of high risk and confirmed maltreatment. Much useful information was contributed by this effort relating to costs, organizational sponsorship, administrative structure, case management and treatment techniques, and community impact. Those treatment demonstrations have used a generalist orientation. Demonstrations of the provision of more specialized treatment services are needed.

EXPECTED FINDINGS

These projects are designed to generate information concerning the intake procedures (coordination with police in adolescent and substance abuse cases, especially), methods to increase motivation and improve capacity to utilize services by the involved families, and the viable differential approaches which appear to create positive movement by the clients. They will also indicate the training needs, levels of skill and the diversity of services that are necessary to work with these problems. Particularly important will be an undertanding of the length of time necessary to work with these families and the ability of the agency and the client to sustain that relationship. Important information will also be generated concerning decisions related to removing the child for either a temporary or permanent placement (in foster care).

METHODOLOGY

This entire effort is envisaged as a collaborative clinical field study with independent, but cooperative investigators. The overall design includes the funding of the nine clinical demonstration projects and one collaborative research project, as described above.

Proposals will be invited from interested investigators and clinical facilities to examine in depth the treatment of a cohort in one of the three problem areas, using a formal rather than a naturalistic research design. Projects will be required to work cooperatively with the one collaborative Research project and the outside evaluation (No. 5). These projects will focus on the generic elements common to all projects and provide a forum for the development of common definitions, protocols, and where applicable, procedures useful in the conduct of complex clinical demonstrations. This strategy is based upon the initiation of a critical mass of studies that are independently designed and conducted while the common elements are investigated independently.

UTILIZATION

The knowledge gained from this field research will be of immediate value to agencies involved with these types of cases. It will also lay the foundation for possible future demonstration projects which might examine systems and cost issues necessary for the administration of programs.

(3) PROJECT TITLE: CLINICAL DEMONSTRATIONS OF THE TREATMENT OF SEXUAL ABUSE

NUMBER, COST, AND DURATION OF PROJECTS

Four grants at $120,000 per project annually for 3 years.

IMPORTANCE

The present generation of treatment demonstration projects has identified a significant gap in treatment knowledge concerning those involved in sexual abuse. Sexual abuse of children, expecially in cases of incest, is perhaps one of the least understood and, consequently most mishandled forms of child maltreatment. Estimates of the number of cases of sexual abuse per year nationwide range upward from 50,000.

PURPOSE

To validate through clinical field-studies various approaches to treating families, including the children, involved in sexual abuse.

BACKGROUND

Sexual abuse involves the criminal justice system and the child protective system. It is considered a gross violation of community standards and moral beliefs. It is particularly distressing to professionals who are called upon to deal with it. An earlier study indicated that there often is as much harm done to the child by the system's handling of the case as the trauma associated with the abuse.

EXPECTED FINDINGS

Techniques for the investigation, intake and diagnosis, treatment of the parents and child, and the utilization of community resources for such cases. The projects will also generate knowledge relating to whether the child should be placed in temporary or long-term permanent placement. Equally important will be the knowledge generated about staff skills, training needs, support systems, and caseload composition, e.g., should workers be assigned caseloads consisting solely of sexual abuse cases. Upon closer examination we expect to learn more about the varied structure, functions and dynamics of the families involved in sexual abuse.

METHODOLOGY

Proposals will be invited from interested clinical facilities and investigators except those associated with hospitals. **NIMH and LEAA have funded** several demonstrations in hospital settings relating to sexual abuse. These proposed projects will complement the demonstrations based in hospitals with demonstrations based in social service agencies, mental health centers, and the courts which are actively involved with sexual abuse.

These projects will be required to cooperate with the Collaborative Research Project (No. 2), and the outside evaluation (No. 5), along with the other clinical projects proposed under No. 2, for the same reasons.

UTILIZATION

The information generated by these projects will be of immediate value to a variety of agencies involved with sexual abuse. This information will also provide the basis for curriculum development at the pre-service and in-service settings involved in training staff.

(4) PROJECT TITLE: CLINICAL DEMONSTRATIONS OF TREATMENT FOR ABUSED AND NEGLECTED CHILDREN

NUMBER, COST, AND DURATION OF PROJECTS

Five grants at $80,000-$150,000 per grant for each of 3 years.

IMPORTANCE OF PROJECT

An estimated million children are abused/neglected every year. The protective sevices system seeks to assure the physical safety of the case reported to them and may direct a variety of services to the involved parents. However, there are very few treatment, rehabilitative, or developmental services for the children, apart from medical care.

PURPOSE OF PROJECT

To develop and evaluate a variety of treatment services for abused/neglected children with special attention to the differing age ranges, particularly 0-5 and 6-12, to facilitate the child's social, emotional and educational development and adjustment.

BACKGROUND

Research indicates that abused and neglected children show a high incidence of developmental disabilities. These physical and medical difficulties are accompanied by a range of social, emotional and educational disturbances. However, while there is no specific, detailed pattern which could be described as the profile of abused children, many can be described as having a very low or inadequate self-concept, and as being unable to relate to other people, particularly adults, in any trust relationship. Even when treatment services directed to parents are successful in stopping the maltreatment, they do not address improving the child's adjustment.

One project which regularly assessed child development and competence while the parents were under treatment documented a continuing deterioration in the children's development, even though the parental treatment was progressing satisfactorily. In addition, children are frequently held to be responsible for instigating abuse through provocative behaviors.

Other findings indicate a very high correlation between abuse/neglect and the onset of status offenses and juvenile deliquency involvement at a later date.

On the behavioral level, these children are not usually distinguished from other emotionally disturbed or developmentally disabled children. As such, they receive treatment, but such treatment is not provided jointly to the parents, nor is it related to treatment being provided to the parents by another agency. Further, the critical act of putting the child and the parents back together again at a new level of functioning is usually not attempted.

EXPECTED FINDINGS

That treatment models can be developed and demonstrated which: (1) Teach parents new and more appropriate interactional patterns, preferably in group settings; (2) diagnose children and develop specific and individualized treatments centering on coping skills, interactional modes with adults and other children; and (3) develop and describe a process for child-family interaction which begins under carefully controlled settings and proceeds into the home and independent control by the parents.

METHODOLOGY

A CPS public agency must apply jointly with a day care/Head Start facility or an elementary public school system. Many elements of the child treatment mode, e.g., community health resources, community mental health services, the wide range of school services available for disabled or handicapped children are available and must be utilized. A project should include a Children's Treatment Coordinator who is a part of the CPS agency. Diagnosis, treatment plans and training of day care, Head Start and school personnel should be provided by the Child Protective Agency.

Treatment services should not be purchased by the special project. Grant money may be used to develop community resources which are funded under health, educational, mental health or social services at the State, county or Federal level. Teachers and guidance personnel should be included in multidisciplinary team reviews.

Each project must have a clinical research specialist who is responsible for the overall research input. Such an individual shall also be responsible for additional clinical studies as needed, and shall provide the government with a description of the methods of diagnosis, development of treatment plans, and outcomes for children and families. It is strongly advised that such a researcher be involved in the original development of the project proposal.

UTILIZATION

Too frequently, local day care and school system staff have no established design to follow in treating problems of learning disabilities on a family basis. If effective designs can be developed for the use of school and community resources within the school context, they might be disseminated to the entire elementary school system.

PROJECT TITLE: EVALUATION OF CLINICAL DEMONSTRATIONS OF THE TREATMENT OF CHILD ABUSE AND NEGLECT

NUMBER, COST AND DURATION OF PROJECT

1 contract at $200,000 for 3 years and $100,000 for 4th year.

IMPORTANCE OF PROJECT

An outside evaluation of the projects under Nos. 2, 3, and 4 must be carried out in order to assess the implementation and related cost, child protection system impact, and community impact issues across projects; to glean and record important program findings; and to maximize dissemination of these findings in a manner which engenders supports, and facilitates replication efforts in other settings.

PURPOSE

This evaluation will assess the processes utilized and outcomes of demonstration efforts by the project to (1) identify the degree to which distinct child abuse and neglect problems require unique investigative and treatment approaches and (2) develop and test replicable total case management strategies.

BACKGROUND

There will be a total of 18 three-year projects demonstrating the clinical handling of sexual abuse, children's treatment, adolescent abuse, drug and/or alcohol related abuse or neglect, and child neglect (Nos. 2, 3, and 4, above) (and one collaborative research project).

EXPECTED FINDINGS

The projects under numbers 2, 3, and 4 are grouped together and will be evaluated as a group because the hypothesis underlying them is that the prognosis for families (and children) with the presenting problems discussed above can be significantly improved through the application of investigative and treatment approaches that have been modified and/or designed to meet their particular needs.

For each of the particular presenting problems described above:

(1) These projects are expected to identify specialized: (a) Intake procedures, (b) investigative procedures, especially for adolescent abuse cases, (c) emergency services, (d) case planning and management, (e) use of multidisciplinary teams, (f) referrals to community agencies, (g) resort to civil and criminal court action, and (h) termination and follow up. (2) The Children's treatment projects, especially, are expected to identify easily replicable physical, emotional, and cognitive treatment techniques, such as special education, individual and group counseling, and play, art, and dramatic therapy for children, involving parents as appropriate. (3) All of the projects are expected to: (a) Identify the types of families needing such care, (b) determine the most cost effective development and techniques of providing such services as: lay therapists, parent surrogates, home management, intensive parent/child clinics (in both residential and day settings), as well as more traditional parent education, individual and group counseling and psychiatric services, and concrete services, and (c) define case termination and/or permanent planning considerations.

METHODOLOGY

Routine evaluation processes will be required, including the planning and use of information gathering aids, site visits, and analyses.

UTILIZATION

The evaluation is expected to provide impact and efficiency data that will be widely disseminated to (1) child protective agencies, (2) State policymakers and legislators, (3) professional and community-based human service agencies that might be capable of providing similar services, (4) child advocacy organizations, and (5) schools of social work.

(6) PROJECT TITLE: CHILD PROTECTIVE SERVICES DEMONSTRATIONS OF CHILD PROTECTIVE AGENCY PROGRAM IMPROVEMENTS

NUMBER, COST AND DURATION OF PROJECTS

10 grants at $80,000–$120,000 each annually for 2 years.

BACKGROUND

Most child protective agencies report problems of large caseloads, too few resources for diagnosis and treatment, weak administration and supervisory practices, and consequently high staff "burn out" rates. Child abuse projects funded as demonstrations have shown the economic feasibility of a number of successful interventive techniques. However, in general, few designs have been incorporated into ongoing agency activities.

IMPORTANCE OF PROJECT

There are over 3,000 local child protective agencies in this country serving over 500,000 children each year. Child protective agencies are increasingly aware of a variety of improved methods to deliver and manage services but most of them have not installed such program improvements and integrated them into on-going programs. The facility with which such improved components can be added to on-going programs must be demonstrated so that they will be widely implemented.

PURPOSE OF THE PROJECTS

These projects will demonstrate ways in which small amounts of funds can be used to substantially improve the delivery of child protective services through the installation of additional and/or modified program components.

EXPECTED FINDINGS

It is expected that the functioning of child protective agencies can be substantially improved by the addition and/or modification of specific program components, not requiring substantial additional funding. The projects will identify cost effective program components and the best means of their installation and institutionalization.

METHODOLOGY

Grants will be awarded to 10 child protective agencies at the State, sub-State regional, or Standard Metropolitan Statistical Area (SMSA) level. Each project will install one or more new or modified program components in three geographically separate sites at which it presently provides services. An effort will be made to fund projects in demographically diverse settings. Each project will be required to specify the particular program components to be installed at each site. Such program components may include: 24-hour intake services, hotlines, multidisciplinary teams, group work and other therapeutic approaches beyond one-to-one therapy, parent aides, paraprofessionals, and volunteers, cultural and linguistic responsiveness, and internal management, supervision, and accountability procedures. Each project will also identify three additional sites which are demographically and programmatically comparable, but at which no additional or modified program components are installed. Through an outside evaluation involving all sites (see project No. 8) the impact of the various program components will be measured with regard to (1) Cost, (2) child protective system impact, and (3) community impact.

UTILIZATION

The information gained and examples set by these projects will be communicated to (1) the Nation's over 3,000 public child protective agencies, (2) State social adminstrators, legislators, and other policymakers, (3) child advocacy organizations, and (4) schools of social work, for their possible use.

(d) PREVENTION AND SELF-HELP

(7) PROJECT TITLE: DEMONSTRATION OF CHILD PROTECTION AGENCY MANAGEMENT OF SELF-REFERRALS

NUMBER, COST AND DURATION OF PROJECTS

Four grants at $150,000 for each annually for 2 years.

IMPORTANCE

Since motivation and self-awareness are important elements in any effort to change behavior, both public and private agencies seek ways in which to build upon the motivation of families who seek their help voluntarily. Many public child protection agencies, which are accustomed to assuming a high degree of involuntary intervention, are uncertain as to how to sensitively handle self-referrals, while private agencies are equally concerned about referring their voluntary clients to a mandated and sometimes impersonal system of reporting, investigation and protection. Thus, a demonstration effort which attempts to maximize the willingness of families to request assistance through the careful management of services which are both appropriate and acceptable, would be a key part of a coordinated public/private strategy aimed at avoiding duplication of services, enhancing early prevention efforts, increasing agency accountability and cooperation, and insuring that cases are not permitted to fall between the public and private sectors.

PURPOSE

These projects will demonstrate ways in which child protective agencies can work cooperatively with private agencies to develop systems for the case management and treatment of self-referrals which are responsive to the needs and special concerns of voluntary clients. In addition, procedures for establishing accountability for voluntary, private treatment of identifed abuse and neglect cases and referral of high risk cases to sources outside the formal child protection system will be developed. Efforts will be aimed at the development of a comprehensive service network from intake to followup which will provide compassionate, fair, and voluntary services to self-referred families.

BACKGROUND

Increased public awareness concerning the availability of treatment for child abusing and neglect families has increased the rate of self-referrals in recent years. According to statistics of reported CA/N cases from 31 States, approximately 7 percent (or 6,700) of the cases reported to public child protection agencies fall into the category of self-referral. An even greater number of self-referrals from families whose problems include or potentially include child maltreatment are believed to be received by private family service agencies each year.

A key issue for both public and private service agencies involves ways in which they can be responsive to the needs and fears of self-referred families by providing supportive services in a nonthreatening environment, while maintaining accountability to the formal child protection system. Although some individual CPS agencies have modified their procedures in an effort to improve the handling of self-referrals, for most public agencies, caseloads are too large, available resources are too few, and too little is known about the needs of voluntary clients to establish a management system for the sensitive and appropriate handling of self-referrals. Private agencies, hospitals, and mental health professionals, on the other hand, which often see themselves as the most appropriate long-term resources for their own self-referred caseload, need a system of accountability to the mandated CPS agency which does not jeopardize the therapeutic relationship established with abusive and neglectful families under their care.

METHODOLOGY

Four grants will be awarded to State, regional or SMSA public child protection agencies. Each project will be responsible for coordinated self-referral program components in three geographically separate sites at which it presently provides services. An effort will be made to fund projects in demographically and culturally diverse settings. Each project will be required to document the cooperation of the appropriate community prevention and treatment referral resources.

Each project will also identify one additional site which is demographically and programmatically comparable, but at which no additional self-referral programs are installed. Through an outside evaluation (No. 8) involving the sites in this project and in No. 6, the impacts of the presence of the various specific self-referral components will be measured with regard to: (1)

Cost, (2) client impact, (3) child protective system impact, and (4) community impact.

UTILIZATION

The information gained and the program components developed will be communicated to the more than 3,000 public child protective agencies across the country. It is expected that reporting and referral guidlines, model contracts of inter agency cooperation, and specialized procedures for the management and treatment of voluntary clients will be utilized by CPS agencies both to restructure their own systemic management of self-referred cases, and to improve community coordination and handling of self referrals.

(8) PROJECT TITLES: EVALUATION OF PUBLIC CHILD PROTECTIVE AGENCY PROGRAM IMPROVEMENT AND MANAGEMENT OF SELF REFERRAL PROJECTS

NUMBER, COST, AND DURATION OF PROJECTS

One contract at $225,000 (FY 78), $275,000 (FY 79) and $75,000 (FY 80).

IMPORTANCE

An evaluation of the demonstrations in numbers 6 and 7 (Agency Program Improvement and Management of Self Referrals) will be conducted in order to provide information about the effectiveness of these methods of technology transfer.

PURPOSE

This evaluation will assess the process utilized and outcomes of various approaches to using small amounts of funds to substantially improve the delivery of child protective services.

BACKGROUND

The projects under No. 6 and No. 7 are grouped together for evaluation purposes because the generic hypothesis is that the service delivery systems can be significantly improved through a small investment in technology transfer.

METHODOLOGY

Routine evaluation processes will be required, including the planning and use of information gathering aids, site visits, and analyses.

UTILIZATION

Should the projects prove cost effective, the evaluation may have a significant impact on planning and operations, especially at the local and State levels. Agencies may institutionalize tested and proven designs.

(9) PROJECT TITLE: DEMONSTRATIONS OF COMMUNITY-BASED CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROJECTS

NUMBER, COST, AND DURATION OF PROJECT

10 grants at $120,000 (1st year), $100,000 (2nd year), and $70,000 (3rd year) per grant.

IMPORTANCE OF PROJECT

Almost all communities have human service resources that are not fully brought to bear to help prevent and treat CA/N. These projects are meant to show how such services can be made part of community wide strategies and how this can be done with limited funds. Greater use and coordination of existing community agencies for prevention and treatment of actual and high risk situations should result. In addition, the preventive impact of highly targeted supportive services (such as services in hospital delivery and new born facilities) will also be assessed. This experience will be translated into models of effective coordination for replication in all States.

PURPOSE

These projects seek to demonstrate how already existing human services in such settings as schools, mental health centers, family service centers, day care programs and medical facilities (1) can prevent child abuse and neglect by encouraging self referrals providing early services to vulnerable (high risk) families, (2) can assist child protective efforts through prompt identification and reporting of known and suspected cases, and (3) can assist diagnostic and treatment efforts by accepting referrals from child protective agencies.

BACKGROUND

Based on current research findings and the experience of the first group of child abuse demonstration treatment projects, we know that many of the families reported to child protective agencies have a history of previous personal and family problems and have been subjects of concern to schools and other community agencies. At best, these families may have received segmented and sporadic assistance insufficient to stop the process of family deterioration before it reached actual abuse or neglect. If agencies are alert to these "early warning signals" and if early services are made available to these families in a non-threatening atmosphere, then real progress in preventing child maltreatment will be possible.

Even after the child protective services unit becomes involved effective treatment may often be provided by other agencies. Furthermore, any attempt to create the broad range of treatment services necessary to deal with complex child abuse and neglect situations within child protective agencies would be a costly duplication of existing resources not likely to receive the support of budgeting authorities.

EXPECTED FINDINGS

The hypothesis underlying these projects is that, even without infusions of large amounts of additional funds, community human service agencies can help reduce the level of child abuse and neglect in a community by providing preventive services to vulnerable families and by accepting referrals for treatment from child protective agencies. These projects are expected to (1) develop means of identifying vulnerable (high risk) families, (2) identify those early services most effective in preventing child abuse and neglect, (3) identify those service elements of their present programs of most value in the treatment of cases referred by child protective agencies, and (4) demonstrate that these services are accessible at a feasible cost.

METHODOLOGY

Ten grants will be awarded to direct service agencies, able to install program components in three geographically separate sites each at which they presently provide services related to child abuse and neglect. This includes health, mental health, school, law enforcement, and private social service agencies. Public social service agencies providing protective care are excluded.

Each project will be required to specify the particular early services or referral services they will provide at each site and will also be required to document the agreement of the appropriate child protective agency to make referrals for treatment. Such services may include: for medical centers—pre- and peri-natal counseling, post-natal follow up (including home visitors), and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and well-baby clinic family counseling; for schools—parent education programs for parents and/or teenagers, and school guidance and family counseling services; for family service centers—parent counseling and training services (including infant stimulation and nutrition programs), marital and family stress counseling, respite child care, and emergency family shelters; for mental health centers—individual and group therapy and community education; for day care and other preschool programs—parent education, crisis nursery, parent involvement and mutual support programs and therapeutic services for children.

Each project will also identify three additional sites which are demographically and programatically comparable, but at which no additional prevention and/or treatment components will be installed. Through an outside evaluation involving all sites, No. 10, the impacts of the presence of the various specific prevention and treatment components will be measured with regard to (1) Cost, (2) client impact, (3) child protective system impact, and (4) community impact.

Because these projects are also designed to demonstrate the degree to which prevention and treatment services can be integrated into existing programs without large amounts of additional funding, there will be a planned 20 percent reduction in Federal assistance in the second program year and another 30 percent reduction in the third and final year of support. Each applicant will be required to describe how this increased local share will be met.

UTILIZATION

Useful designs will improve and expand nationwide attempts to develop multiagency approaches to family support and child protection. Funding sources are available to institutionalize such services; for example the Community Mental Health Act now specifically requires mental health centers to have program components relating to children.

(10) PROJECT TITLE: EVALUATION OF DEMONSTRATION OF COMMUNITY-BASED CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROJECTS

NUMBER, COST AND DURATION.

One contract at $150,000 for 2 years and $100,000 for the third year.

PURPOSE

This evaluation is necessary in order to determine and analyze the results of the demonstration to be conducted under No. 9.

METHODOLOGY

Routine evaluation processes will be required, including the planning and use of information gathering aids, site visits, and analyses.

UTILIZATION

The results will be broadly disseminated to aid Federal, State and local policy, planning, and operations staff.

(e) JUVENILE COURTS

(11) PROJECT TITLE: DEMONSTRATION OF PROVISION OF COUNSEL IN CHILD PROTECTIVE PROCEEDINGS AND IMPROVED JUVENILE COURT HANDLING OF SUCH CASES

NUMBER, COST AND DURATION

5 at $100,000-$200,000 for 2 years, $80,000-$160,000 for the 3rd year, and $65,000-$130,000 for the 4th year.

IMPORTANCE OF PROJECT

Juvenile Courts annually handle over 150,000 cases of alleged child abuse and neglect. The actions of the court can have profoundly important consequences for the children and parents involved. The process itself can be a confusing experience and may ultimately result in the children being removed from their parents and placed in foster care for months or years. In a few cases, termination of the parent-child relationship results. Furthermore, juvenile court action is usually only commenced in cases of severe problems, where the injuries have been unusually serious or the family refuses to cooperate with treatment efforts. For those cases, judicial child protective proceedings may become the catalyst to an effective child protective system in a community.

PURPOSE OF PROJECT

These projects will develop and demonstrate modes (1) of the provision of counsel to indigent parents, endangered children, and child protective agencies, (2) the improved procedural handling of child protective cases, and (3) the use of modern technology to manage court related word processing and statistical systems.

BACKGROUND

Juvenile or family court child protective actions are necessary and crucial elements of community-wide responses to the need to treat child abuse and neglect. Essential to any properly functioning court system is the provision of counsel for all necessary parties. In child protective proceedings, this includes at a minimum the accused parents, the endangered children, as well as the agency representatives seeking to take protective action. However, in too many communities, representation is haphazard. In some cases, the parents are represented; in others the agency; and in a few, the child. Partly in response to a requirement for State grant eligibility under Pub. L. 93-247, 42 States guarantee the appointment of a guardian ad litem to represent the child in juvenile court proceedings. However, only 25 States provide an attorney as the guardian ad litem. The increasing attention accorded to the needs of the abused child has made more agencies and courts anxious to take effective action to protect endangered children. However, in their good faith efforts, their action may impact differently on the rights of parents. Counsel for parents should therefore be provided. However, the right to counsel in civil child protective proceedings has not been held by the courts to be required by the Constitution and is provided in few States. These projects are designed to explore and document the needs and modes of providing counsel for all necessary parties in the proceedings. Only in that way can the fairness and effectiveness of juvenile court child protective proceedings be best insured.

Present court procedures are not designed for sensitive child protective matters. Generally patterned after their juvenile delinquency analogs, many have never developed specialized case handling and evidenciary rules necessary to protect children in emergency situations, determine short and long term custody, and select the most appropriate treatment alternatives. There is a need to clarify roles, procedures and personal skills in judicial child protective decision-making, as well as to apply modern management techniques, such as automated word processing, to improve the efficiency of the courts.

EXPECTED FINDINGS

The hypothesis underlying these projects is that the provision of counsel to parents, children and agencies and the modernization of case handling will result in fairer, prompter, and more appropriate court action. These projects are expected to (1) develop procedures for appointing counsel and delineating their roles, (2) develop specialized case handling procedures, and (3) demonstrate the effective use of automated data processing technology.

METHODOLOGY

Five grants will be awarded to rural, suburban and urban juvenile or family courts. Each project will develop and then install the procedures described above. Each applicant will be required to describe how it would evaluate the project from two points of view: (1) The increased efficiency of the courts, compared to base line data collected before the installation of the project activities, and (2) the impact of the grant activities on those represented, i.e., the parents, the children, and the agency. Among the issues to be explored in the second category will be the parents' perception of the fairness of the system, the agency's understanding of the use of court action and its acceptance of the needs of the litigation process, and the degrees to which the needs and wishes of the child are taken into account. Evaluation of funded projects will be performed by program office staff using the evaluation data provided by the projects.

UTILIZATION

There are approximately 3,000 juvenile courts in this country, with 3,500 juvenile court judges hearing and determining cases each year. Through the information gained from these projects, model procedures, guidelines, and protocols will be developed that can be integrated into in-service training and technical assistance activities related to these court systems.

(f) INSTITUTIONAL CHILD ABUSE AND NEGLECT

(12) PROJECT TITLE: DEMONSTRATIONS OF INVESTIGATIONS AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

NUMBER, COST, AND DURATION

4 grants at $75,000 for 3 years each.

IMPORTANCE OF PROJECT

As a result of the Pub. L. 93-247 eligibility requirements, 42 states now make provision for the independent investigation and correction of institutional child abuse and neglect.

However, since such efforts are of such recent origin, there is no body of practical experience that states and child advocacy groups can look to in fashioning their own programs.

PURPOSE OF THE PROJECT

These projects will develop and test methods of operating on-going programs to receive, investigate, and where appropriate, take corrective action concerning reports of known and suspected child abuse and neglect in institutional and other out of home placement.

BACKGROUND

Over 100,000 children live in residential institutions such as treatment centers, temporary and long term shelters, detention homes, centers for the mentally retarded and developmentally disabled and group homes. In the past, allegations of institutional child maltreatment—if acted on at all—have been handled on an ad hoc basis, often through grand jury investigations or the creation of "blue ribbon" panels. The 42 Pub. L. 93-247 eligible states, as well as some others, are now seeking to develop operating procedures to implement the legally binding investigating policies that have recently been enacted. However, because so little has been done in the past toward installing on-going programs to protect endangered children living in residential facilities, the states are implementing their program with no guidance from previously demonstrated approaches.

EXPECTED FINDINGS

The hypothesis underlying these projects is that there are certain fundamental approaches to handling reports of known and suspected institutional child maltreatment which can be effectively demonstrated for later widespread replication. The results of these projects will be protocols, procedures and case materials that can be used as blueprints by other States in implementing on-going systems to handle institutional child abuse and neglect.

METHODOLOGY

Four grants will be awarded to State agencies independent of service delivery agencies but with authority for the investigation and correction of institutional child abuse and neglect. These projects will: (1) Prepare a state-of-the-art-paper on the nature, extent, explanatory reasons, and guidelines for preventing and correcting this form of child maltreatment, (2) develop multi-agency protocols, (3) develop procedures for receiving reports, (4) develop fact finding procedures including investigations, surveys, and consultations, (5) develop corrective actions including personnel actions, policy and program changes, and legislative and budgetary recommendations, and (6) develop procedures for the monitoring of agency effectiveness.

UTILIZATION

The materials developed by these projects will be directly disseminated [illegible] State Child Protective agencies, other relevant State agencies, and decision-makers, private and quasi-public advocacy organizations (such as Committees for Children and Youth) for their consideration and possible use.

(g) RESOURCE ENHANCEMENT

(13) PROJECT TITLE: NATIONAL RESOURCE CENTERS FOR PROFESSIONALS AND MINORITY POPULATIONS

NUMBER, COST AND DURATION

5 grants for $200,000 each for 3 years.

IMPORTANCE OF PROJECT

National professional organizations are prime shapers of the professional behaviors within service delivery and administrative settings. These projects will demonstrate how the energies of national professional organizations can be directed toward enhancing state and local child abuse and neglect treatment efforts. Minority group organizations serve their constituencies as major sources of information on human service issues and as advocates before public and private service delivery agencies to insure the adequacy and sensitivity of service to those constituencies. These projects will specifically focus attention on minority, cultural sensitivity in the development, staffing and delivery of child protective services by all the relevant disciplines and service systems.

PURPOSE OF THE PROJECT

These projects will identify the ways in which national organizations can: (1) Raise professional awareness, (2) improve professional skills, (3) foster interdisciplinary cooperation, and (4) improve and expand minority participation in relation to the prevention and treatment of child abuse and neglect.

BACKGROUND

With the burgeoning of information and technical resources available for the upgrading of activities to prevent and treat child abuse and neglect, there is a need to develop and test approaches for disseminating that information and applying those resources in a highly targeted and efficient manner. Without effective dissemination channels, such as the ones which already exist in nascent forms in the professional and minority organizations to which the relevant individual human service providers and law enforcement personnel belong, the information and technical resources being generated both by federally supported research and demonstration and by the state and private sectors will have no ameliorative effects.

A specific concern is that the field of service delivery to abused and neglected children and their families is still under-represented in terms of professionals capable of responding to the cultural and linguistic diversity of their client populations.

NCCAN's experience in supporting 16 Regional State and Special Population demonstration resource projects since FY 1974 has proved the efficiency and effectiveness of forming partnerships with academic and private nonprofit agencies in the dissemination of information and provision of basic education on the identification and reporting of child abuse and neglect for the public in general. In addition, NCCAN's experience in demonstrating the use of a multidisciplinary curriculum on the identification, referral and case management of child abuse and neglect in FY 1977 through the auspice of national professional associations has provided convincing evidence of their efficient and credible access to their constituents. The convergence of these two sets of demonstrations suggests the usefulness of a program to test the utility of a federal-private association partnership to disseminate information and technical resources to specific audiences in the field.

EXPECTED FINDINGS

The hypothesis underlying these projects is that national organizations are a largely untapped resource which can leverage significant service delivery improvements at the state and local level and within specific minority populations. The projects are expected to identify cost-efficient strategies for the development and dissemination of information on services and professional and lay practice in the field of child abuse and neglect prevention and treatment.

METHODOLOGY

Three grants will be awarded to national professional organizations in the fields serving children and families, such as social work social services, medicine and health, mental health, law and law enforcement, and education. Two grants will be awarded to minority group organizations with capability for national program implementation and specific concerns for human service delivery to the minority populations which they represent. Each applicant will be required to describe how it will implement the following program components: (1) The development of profession specific or minority group related written materials, including policy guides, curricula, and investigative, diagnostic and treatment aides and manuals, (2) the dissemination of relevant materials and other information, (3) the provision of technical assistance to programs and advocacy groups, (4) the training of service providers, (5) the development and acceptance of accreditation and/or specialization standards, (6) the advocacy for implementation of program improvements, and (7) interdisciplinary and intercultural exchanges. Each applicant will be required to describe the procedures it will use to evaluate the cost and impact of project activities.

UTILIZATION

These projects are expected to be highly visible and to themselves insure utilization of the benefits to their respective constituencies during the demonstration period. Following the demonstration period, and based on NCCAN staff evaluation, the experience of the projects will be analyzed and used to develop recommended organization roles in the improvement of state and local child abuse and neglect prevention and treatment services.

Dated: January 11, 1978.

BLANDINA CARDINAS,
Commissioner, Administration for Children, Youth and Families.

Approved: January 12, 1978.

ARABELLA MARTINEZ,
Assistant Secretary for Human Development Services.

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AMERICAN HUMANE

Child Protection

- Program
- Services
- Objectives

The American Humane Association is a non-profit organization founded in 1877. Its certificate of incorporation states, in part: "The objects . . . shall be the prevention of cruelty, especially to children . . ."

The Association is governed by a National Board of Directors who serve without compensation.

WHAT CPAH IS:

Child Protection, American Humane (CPAH) is the national association of individuals and agencies working to prevent neglect, abuse and exploitation of children.

In its national membership are state and local social services, public and voluntary agencies, courts, probation services, welfare councils, schools, medical services and interested citizens. A committee of prominent citizens and of experts in child protection serves as an advisory body to the Child Protection Division.

The program is supported by contributions, bequests, membership dues and earned income. Contributions are tax deductible.

WHAT CPAH SEEKS TO DO

The objectives of the Child Protection Division of The American Humane Association are:

. . .TO INFORM on the nature, extent and dimensions of problems of child neglect, child abuse and exploitation of children.

. . .TO PROMOTE understanding about causative factors contributing to these conditions.

. . .TO ADVISE on ways to identify children in need of protection and on services for meeting their needs.

. . .TO ASSIST in organizing new child protective programs in keeping with optimum social work standards and to improve existing programs.

RESEARCH

The Child Protection Division conducts a growing number of research projects:

to determine and document the scope and pervasiveness of problems of child neglect and child abuse;

to evaluate and/or demonstrate the effectiveness of child protective techniques; and

to explore the merits of innovative approaches designed to prevent or ameliorate problems of neglect and abuse or to lessen the impact on children.

CONSULTATION AND SURVEYS

The Child Protection Division assists state and local communities by providing expert consultation on all aspects of child protective services. Consultation is offered to stimulate the organization of new programs or to improve standards in existing child protective services.

The Division is available to conduct surveys of community needs or of agency operations. These may range from an assessment of gaps in community services for meeting the needs of neglected children to evaluation of an agency's protective service program.

Of national scope and significance are the surveys made by the Child Protection Division to assess the availability of child protective services—what communities provide the service, under what auspices, and adequacy in terms of meeting total community need.

LEGISLATION

Guidelines for legislation to authorize or strengthen child protective services are prepared by the Division. It surveys state laws and makes comparative studies of existing legislation to point up areas of needed change.

Most recent emphasis has been in relation to laws for the mandatory reporting of child abuse cases and juvenile court jurisdiction over neglect and dependency.

STAFF DEVELOPMENT

The Child Protection Division, on invitation, provides staff training seminars and workshops in the specifics of child protective services to public and voluntary protective programs. It provides leadership for institutes on child protective services at state and regional conferences.

The Division prepares and distributes teaching records and discussion guides for use by schools of social work and staff training personnel.

PUBLICATIONS

The Child Protection Division prepares and publishes books and pamphlets on child protective services. Some materials are designed to provide popular interpretation of the problems of child neglect and abuse and ways for meeting them. Other materials are prepared for professional use to help develop a deeper understanding of the specifics and dynamics of child protective services.

The current annotated list of publications containing numerous titles, may be obtained by writing to the national office in Englewood Colorado.

MEMBERSHIP

Membership in The American Humane Association is open to public and voluntary agencies operating a child protective program or interested in promoting child protective services. Annual dues are nominal. Membership gives access to the latest materials on child protection for use in interpreting to the community or for staff development. Available to member agencies are CPAH's consultative services.

Membership permits participation in united action on behalf of neglected, abused or exploited children; sharing in the development of new skills and new approaches; and contributing to enlarged understanding of the importance of preventive services.

Individual membership brings identification with the national effort to protect the country's most deprived children. Affiliation affords the social worker an opportunity to keep abreast of professional developments in this specialized child welfare services.

For the layman, affiliation will help bring insights and perspectives on community responsibilities and the satisfaction gained from participation in a national program dedicated to promoting and safeguarding the rights of all children.

A LASTING MEMORIAL

You can create a permanent testimonial of your good will toward all children by a gift in your last will to The American Humane Association, to be applied to the general use of the Child Protection Division in the furtherance of its program.

When you prepare to draw your will, make this wish known to your lawyer.

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THE AMERICAN HUMANE ASSOCIATION
5351 S Roslyn Street
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National Analysis of Official Child Neglect and Abuse Reporting

An Executive Summary

AMERICAN HUMANE

In association with
The Center for Social Research and Development
Denver Research Institute

ACKNOWLEDGEMENTS

This report is a product of the relationship between the National Center on Child Abuse and Neglect, the American Humane Association and the Center for Social Research and Development at Denver Research Institute. We wish to acknowledge the contribution of the following individuals in each of these organizations: at the National Center on Child Abuse and Neglect, Douglas Besharov, Director; Joseph Wechsler, Project Officer; at American Humane, Veronica Wynne, Research Associate; Norma Marshall, Research Assistant; Valerie Julian, Research Associate; Dr. J. Robert Lebsack, former Associate Project Director and Patricia Schene, current Associate Project Director; at Denver Research Institute's Center for Social Research and Development, Dr. Joseph Halpern, Associate Director; Dr. Alan Potter, Research Associate, and James Pollard, Computer Specialist.

The efforts of Mrs. Sheila Carlson, Executive Secretary, Child Protection, American Humane Association and Ms. Wendy Kreth, Secretary to the National Study are also recognized for their typing of draft and final copy for this report.

Lastly, but of greatest importance, is the contribution of the protective service workers throughout the country and the state liaisons to The National Study. We owe special thanks to those individuals for their tireless work in collecting and submitting the data for the study.

Larry Brown, ACSW
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Michael K. Corey
Assistant Director
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Complete report available from:

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THE ANALYSIS

Child neglect and abuse have existed for centuries but it is only within the past 30 years that the problem has penetrated society's consciousness as an appropriate concern for public policy.

The American Humane Association with a grant from the Children's Bureau of the U.S. Department of Health, Education and Welfare, began in 1973 to develop and operate a clearinghouse for national reporting on child neglect and abuse. This process has continued under the direction of the National Center on Child Abuse and Neglect established within the Children's Bureau by the Child Abuse Prevention and Treatment Act of 1974.

The American Humane Association has been an advocate for the rights and welfare of children since its inception 100 years ago. It has long been active in conducting research and influencing policy related to child protective services.

The National Study on Child Neglect and Abuse Reporting represents a logical step in the progression of reasearch in this area from the early provision of protective services to children to the amassing of medical evidence of child abuse to the search for patterns and causes and on to the development of reporting procedures by social service agencies to identify the neglected and abused children and provide them with protective service. The National Study could have become a reality only after the process of public reporting had become widespread.

The absence of a central resource of national data on child neglect and abuse has often prevented efforts toward constructive planning and legislation in this area. There is a continuing need for a systematic and uniform method for gathering, compiling, and interpreting data concerning the nature of child neglect and abuse. The National Study has addressed itself to this need by testing the feasibility of systematically gathering data on the nature, reported incidence, and characteristics of child maltreatment, sources of reporting, and actions taken by receiving agencies.

It was **not** the intention of the project to provide a registry of families and children by name nor to measure the full incidence of the problem of child abuse and neglect in the population. The data collected was to relate solely to statistical information on officially reported cases of child neglect and abuse to state departments of social services.

The research findings represent what has been submitted by states and not an independent collection effort of the National Study and, therefore, embody the variation in quality, coverage and interpretation extant in the states.

State Participation

The overall aim of the National Study has always been to include all states and territories; to have all counties of participating states included; to have all reported cases of child neglect and abuse recorded by means of a common reporting form and to have the reporting categories defined and interpreted in the same way. This is what a truly **national** study would ideally embody. We are still far from fully realizing this ambition but we have come a long way.

The current level of state participation was carefully built over time. All 50 states, the District of Columbia and three United States territories are represented in the National Study. The 1976 data included 28 states and three U.S. territories as fully participating in the study by using a common form and sending us their data for analysis. Another 22 states and the District of Columbia collected a range of information in a variety of ways and sent the National Study their aggregate data. The fully participating states and territories in 1976 were:

Alabama
Alaska
Arizona
Colorado
Delaware
Georgia
Hawaii
Indiana
Louisiana
Maine
Minnesota
Mississippi
Montana
Nebraska
Nevada
New Hampshire
New Mexico
New York
North Carolina
North Dakota
Ohio
South Carolina
South Dakota
Tennessee
Texas
Vermont
West Virginia
Wyoming

Territories
Guam
Puerto Rico
Virgin Islands

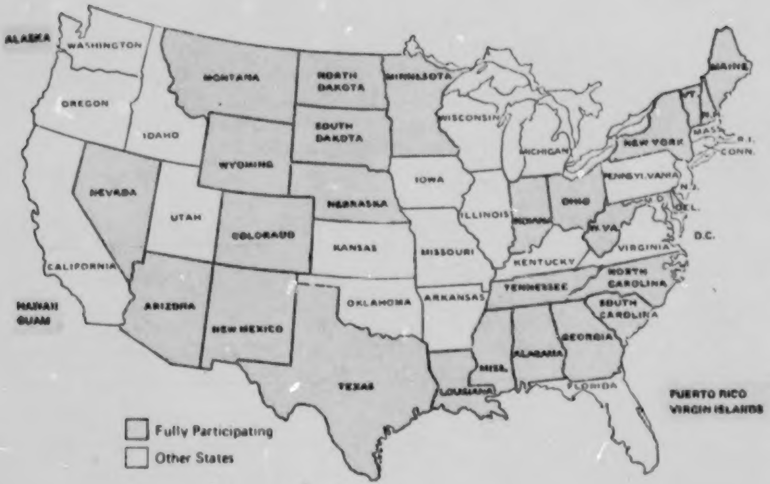
Since 1976 Arkansas, Michigan and Utah have become fully participating.

Summary Report

The National Study on Child Neglect and Abuse Reporting has issued summaries of the data submitted by states in 1974 and 1975. This report represents an executive summary of the full report of the National Study which includes a presentation of 1976 data as well as a more extensive analysis of the findings, an elaboration of trends over time and the research and policy implications of this massive array of data on child abuse and neglect reporting.

Findings

A total of 357,533 reports were submitted to the National Study in 1976. Reports were received from all 50 states, the District of Columbia, Puerto Rico, Guam and the Virgin Islands.


ALASKA
WASHINGTON
OREGON
IDAHO
MONTANA
NORTH DAKOTA
SOUTH DAKOTA
MINNESOTA
WISCONSIN
MICHIGAN
NEW YORK
MAINE
VT.
N.H.
MASS.
R.I.
CONN.
WYOMING
NEVADA
UTAH
COLORADO
NEBRASKA
IOWA
ILLINOIS
INDIANA
OHIO
PENNSYLVANIA
N.J.
MD.
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W.VA.
VIRGINIA
KENTUCKY
CALIFORNIA
KANSAS
MISSOURI
TENNESSEE
NORTH CAROLINA
SOUTH CAROLINA
OKLAHOMA
ARKANSAS
ARIZONA
NEW MEXICO
TEXAS
LOUISIANA
MISS.
ALABAMA
GEORGIA
FLORIDA
HAWAII
GUAM
PUERTO RICO
VIRGIN ISLANDS
Fully Participating
Other States

The reports from the fully participating states amounted to 99,579. These reports were subjected to detailed statistical analysis.

58% of these reports were of child neglect only; 27% were child abuse only and 15% were both.

Figure 1
Reports to The National Study
(N = 99,579)

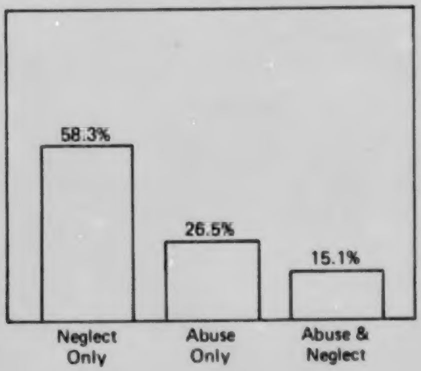
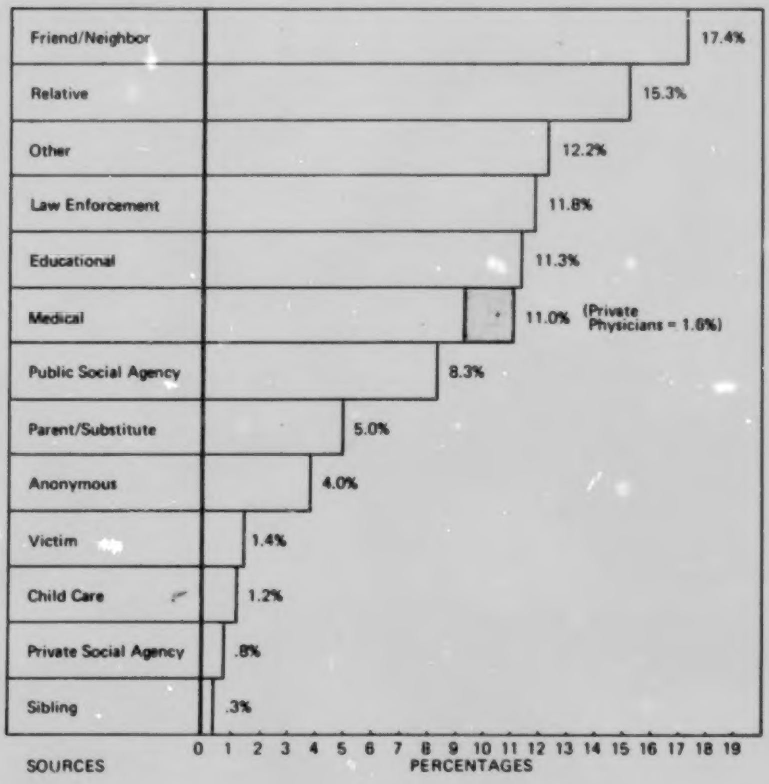


Table 1
Case Status of all Reports Received for 1976
(N = 99,579)

	Abuse Only Reported		Neglect Only Reported		Abuse & Neglect Reported		All Cases	
Validated	14,115	53.4%	26,102	45.0%	6,950	46.1%	47,167	47.4%
Not Validated	12,323	46.6%	31,953	55.0%	8,136	53.9%	52,412	52.6%
All Cases	26,438	100.0%	58,055	100.0%	15,086	100.0%	99,579	100.0%

Figure 2
Source of Initial Reports - All Cases
(N = 99,071)



Forty-seven percent of the reports were validated. In reports of abuse only, the validity rate was 53% as compared to the neglect only validity rate of 45%. The important finding here is not that abuse is validated more often than neglect; one would expect that to be the case. What is important, however, is that neglect was validated in 45% of the cases, which is not far below the validity rate for abuse cases.

Friends, neighbors and relatives were the major source of reports. Over the past three years of data collection by the National Study, this group has consistently been the source of about 40% of the initial reports.

There were substantiated cases of child abuse and/or neglect at all income levels. However, most cases reported involved lower socioeconomic families.

In families where child neglect and abuse were substantiated, the median income on all cases was $5,050 per year. Median income is substantially higher in abuse cases ($6,890 per year) than in neglect cases ($4,250 per year). The median family income for all U.S. families in 1976 was $13,900.

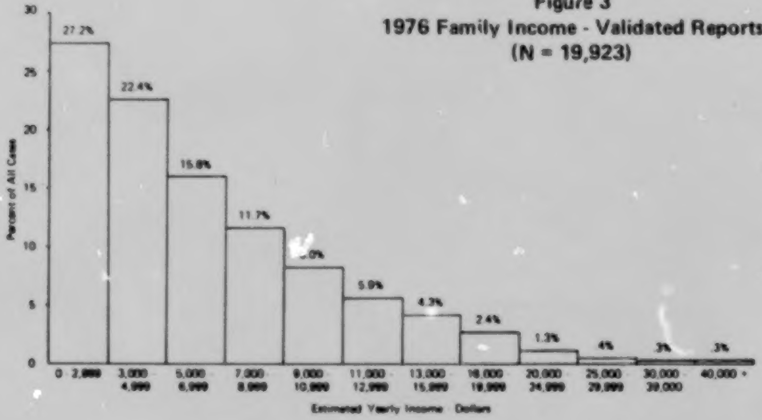


Figure 3
1976 Family Income - Validated Reports
(N = 19,923)

The involved children of abuse and/or neglect remained in the home with the family in 82% of all validated cases. Criminal action was taken against the alleged perpetrators in 4% of all validated cases. In abuse only cases, criminal action was taken 9% of the time.

Alcohol dependence was considered a factor in 17% of the families in validated cases of abuse and/or neglect.

Figure 4
Family Factors Present - Neglect Only
(N = 9,241 families)

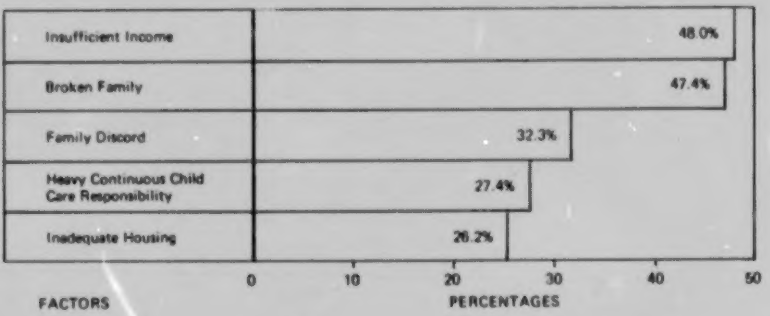
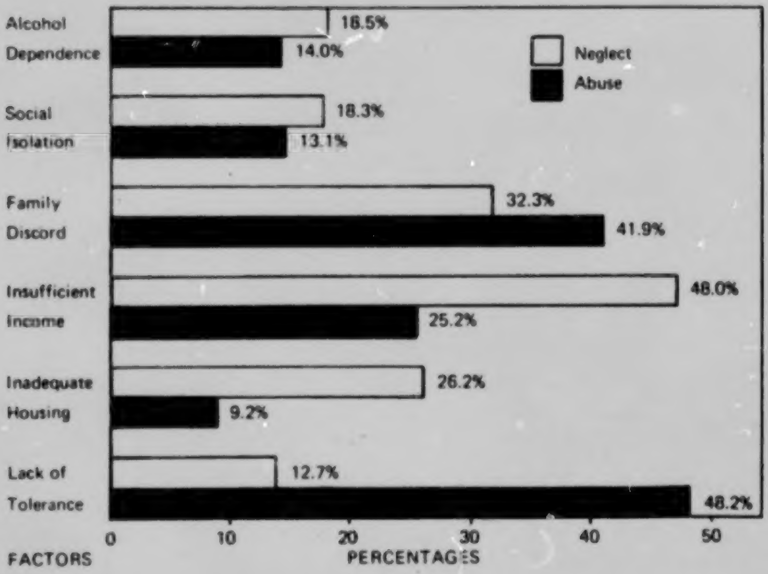


Figure 5
Comparison of Selected Factors for Neglect and Abuse Reports
(N = 16,040)



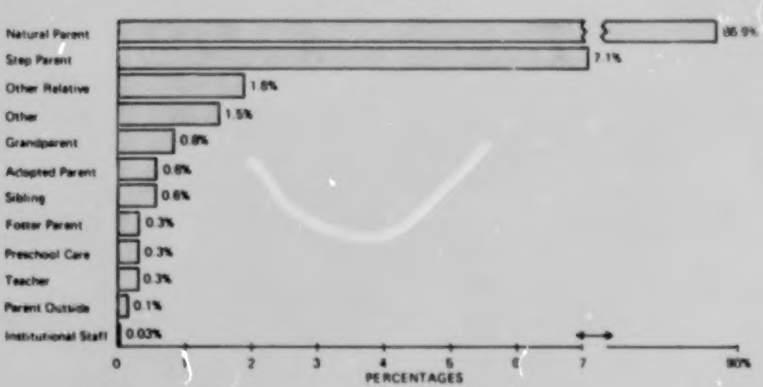
Although there are commonalities, the family factors involved in child abuse are different than in child neglect. In neglect, the relative importance of environmental stress factors (poverty, broken family, poor housing) is greater than the personal characteristics or inability to cope factors (lack of tolerance, loss of control during discipline) inherent in cases of abuse.

Females were the alleged perpetrators in 61% of the validated cases of child abuse and/or neglect. This predominance, however, is due to the neglect area; only 45% of the alleged perpetrators in validated cases of abuse only were female.

Table 2
Sex of Perpetrators on All Validated Reports
(N = 49,700)

	Males	Females	All Perpetrators
Abuse Only	7030 (55%)	6528 (45%)	13558
Neglect Only	9733 (32%)	21060 (68%)	30793
Abuse and Neglect	2153 (40%)	3196 (60%)	5349
All Cases	18916 (39%)	30784 (61%)	49700

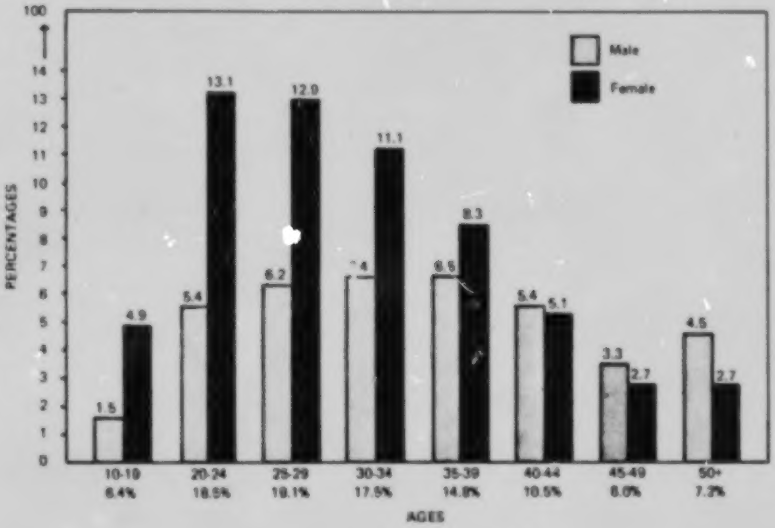
Figure 6
Relationship of Perpetrator to the Involved Child on Validated Cases
(N = 46,150)



Eighty-seven percent of the alleged perpetrators were the natural parents. This is more pronounced in neglect cases (91% were the natural parents) than in abuse cases (73% were natural parents).

More than half the alleged perpetrators on validated reports of neglect and abuse were over 30 years old. This contrasts with other research studies indicating perpetrators are generally young. The data from the states indicate only 6% were under 20 years of age at the time of the incident.

Figure 7
Age and Sex for Perpetrators on Validated Reports
(N = 50,500 Alleged Perpetrators)



Neglect and abuse is a problem which affects children of all ages. There is an almost even distribution of validated cases across the age group up to age 14 after which the cases decrease somewhat. These data strongly refute the commonly accepted notion that abuse and neglect are greater among very young children.

While children of all ages are abused and neglected, the consequences appear to be more acute for the very young. Nearly 60% of all fatalities occur in the group under two years of age. Since the measure of severity reflects primarily the medical aspects of injury, the data does not address the severity of emotional or psychological damage resulting to abused or neglected children.

Overall, there is an equal number of male and female victims on validated cases of child neglect and abuse, but there are some differences in each age group.

Figure 8
Involved Children on Validated Reports - All Cases - Age and Sex
(N = 86,502)

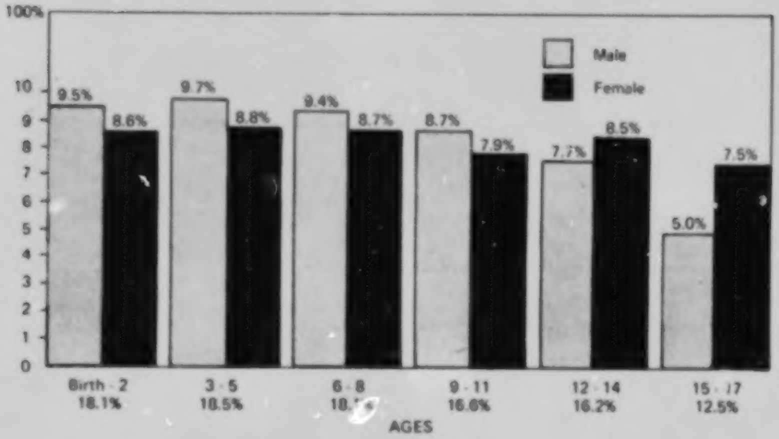


Table 3
Age and Severity of Neglect/Abuse for All Involved Children

	Age in Years of Victim							
	0-2 years		3-5 years		6-8 years		9-11 years	
No Treatment	4491	18.1%	4820	19.4%	4499	18.1%	4037	16.3%
Moderate Treatment	1720	23.3%	1376	18.7%	1265	17.2%	1148	15.6%
Serious Hospitalized	1219	58.7%	298	14.3%	174	8.4%	128	6.2%
Permanent Disability	42	57.5%	7	9.6%	5	6.8%	4	5.5%
Fatality	103	57.2%	32	17.8%	14	7.8%	10	5.6%
All Children	7575	22.0%	6533	18.9%	5957	17.3%	5327	15.4%

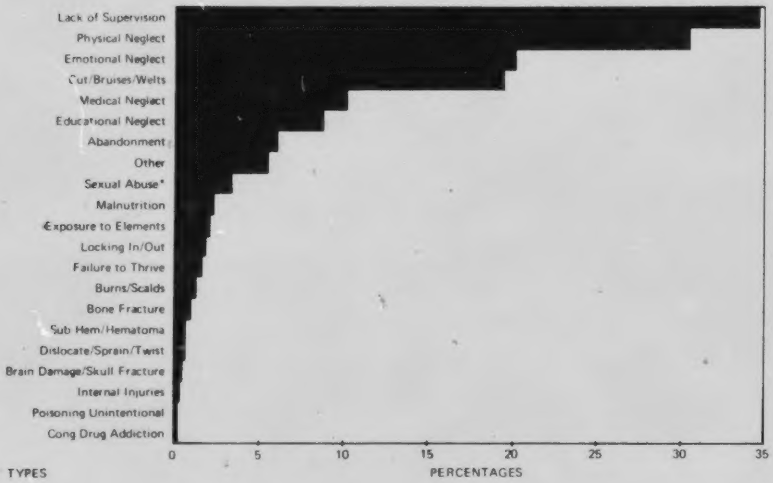
	Age in Years of Victim					
					All Ages	
	12-14 years		15-17 years		0-17 years	
No Treatment	4106	16.6%	2850	11.5%	24803	100.0%
Moderate Treatment	1093	14.8%	766	10.4%	7368	100.0%
Serious Hospitalized	150	7.2%	109	5.2%	2078	100.0%
Permanent Disability	6	8.2%	9	12.3%	73	100.0%
Fatality	14	7.8%	7	3.9%	180	100.0%
All Children	5369	15.6%	3741	10.8%	34502	100.0%

The number of male victims exceeds the number of females in each age group from infancy through age 11. In contrast, males are outnumbered by females for the 12 - 17 year old age group.

Table 4
Age and Sex of All Involved Children

Age in Years	Males		Females		All Children	
0-2	8244	19.1%	7428	17.2%	15672	18.1%
3-5	8351	19.3%	7624	17.6%	15975	18.5%
6-8	8113	18.8%	7552	17.5%	15665	18.1%
9-11	7538	17.4%	6815	15.8%	14353	16.6%
12-14	6672	15.4%	7338	17.0%	14010	16.2%
15-17	4319	10.0%	6508	15.0%	10827	12.5%
0-17	43,237	100.0%	43265	100.0%	86502	100.0%

Figure 9
Types of Neglect and Abuse on Validated Reports
(N = 93,249)



Even though severity is recorded in only medical terms, neglect cases are almost as severe as cases of abuse. A similar percentage of neglect cases result in moderate injury (20%) as abuse cases (24%) and permanent disability results from 0.3% of the abuse cases as compared to 0.1% of the neglect cases.

The most common type of abuse is that resulting in minor physical injury. The most common form of neglect is lack of supervision.

Sexual abuse constituted 12% of all validated abuse cases reported.

Policy Implications

The 1976 data on child neglect and abuse reporting provides several insights to inform policymaking in the field of child protection services.

There has been some question about the mandatory reporting of neglect. Yet our data indicates not only that child neglect is the major problem confronting child protective services, but also that the severity of impact on the child in terms of medical consequences is almost as great for neglect as for abuse.

The data point to the need for more support services especially day care and homemaker services to families who have neglect and abuse problems. Since so many children remain at home and relatively few cases are adjudicated, greater emphasis must be applied on providing support services to families.

Special attention is warranted for the selection and training of social workers who are responsible for case management and counseling services to families and children.

The data indicate only about half of the reports were validated. Even though this could represent an understatement, it suggests the need to increase public awareness of what constitutes neglect or abuse rather than continue to simply stress the importance of reporting. There is also a need for more specialized intake services to facilitate appropriate referral, interpretation of agency policy, and case acceptance guidelines which minimize the load of inappropriate cases being investigated by field workers.

The 1976 data clearly indicate that the victims of child abuse and neglect are older as well as younger children. The need to adjust the services response to accommodate the special problems associated with older children is now recognized and supported by this data. It is still abundantly clear, however, that the severity of the impact of abuse and neglect is greater on the very young child.

The function of the National Study is to receive data the states collect and use for their own purposes. The development of national statistics requires reliable data based on state reports. A uniformity of definitional categories needs to be established with a set of decision rules for transforming state data into national categories.

Future of the National Study

American Humane plans to continue research in the area of child neglect and abuse reporting. The data base has information on thousands of cases of valid referrals on child neglect and abuse. This resource will be used to complete many research efforts in the field of child protection and will be shared with others in the continuing effort to increase understanding and improve services to neglected and abused children and their families.

SUPPLEMENTAL STATEMENT

by Larry Brown

Child protective services exist in every state and county throughout the nation and is usually located in the department of social services. It involves receiving reports of child abuse and neglect and responding to these reports with a special kind of reaching out service which is not characteristic of other agencies such as mental health clinics and medical/hospital services. The approach of CPS is to parents who do not seek help and are often hostile to the fact of being reported. Swift action is taken to protect the child and may include emergency placement. In some instances law enforcement assistance is utilized when the situation warrants. As I reported in my formal statement, most reports of child abuse and neglect do not involve placement or legal intervention but are dealt with through the careful use of authority on the part of the child protection worker.

Reference is often made to the level of skill and training of CPS workers which astounds many medical, legal and research professionals who possess far greater formal training than the average CPS worker. Perceptions are further skewed by a tendency to focus on only the most severe, pathological types of child abuse and neglect which is atypical in terms of the average child protection case. To be effective, CPS must utilize the resources in the community which can be applied to ameliorate child abuse and neglect. In many communities these resources are scarce and in some non-existent. Models of protective services intervention which emerge from medical centers and universities can offer services and approaches not readily available in most communities.

Nevertheless, acting on the legal mandate in every state, CPS workers respond to reports of child abuse and neglect and reach out to troubled families. Resources to increase the capability of CPS are desperately needed in most states.

It is often said that we know very little about child abuse and neglect; therefore, more extensive research is required. Research, of course, expands knowledge and methodology and should continue. The most crucial need, however, in the United States at the present time is implementation -- application of knowledge and skill already known to be effective in protecting children, strengthening families and preventing abuse.

Reference was made during our discussions to the comprehensive emergency service program developed in Nashville, Tennessee. There have been many demonstration projects in recent years which have extended the services available in communities where they operate as well as increased knowledge in specific ways regarding child abuse and neglect. Another example of an outstanding demonstration was the Bowen Center operated by the Juvenile Protective Association for almost ten years in Chicago, Illinois. Family resource centers in Adams County, Colorado and Albuquerque, New Mexico amply demonstrate the use of interdisciplinary coordination and the use of crisis nurseries. To say we know very little about child abuse is not to know how much is known about the national experience over the years.

The experience of my agency would not favor shifting efforts into comprehensive agencies which deal with a diversified approach to family violence. From many years of experience we have learned that child protection is best offered when it is a specialized service. Legal and social factors make intervention in domestic violence syndromes unique. While there may be commonalities -- ideology, intervention strategies and legal systems do not lend themselves to a single system of service. Adult protective services required for many battered wives, husbands, disabled and aged involves unique strategies for intervention treatment and prevention from those in child protective services.

We have submitted to the committee a statement regarding child protective services standards. Failure to achieve standards results in poor services, high turnover in staff and institutes community neglect. Can it truly be said that families have failed when society fails to equip them for the responsibilities of parenting and fails to provide resources to assist those who need help.

A HANDBOOK FOR BEATEN WOMEN

How to Get Help if Your Husband or Boyfriend Beats You

by
MARJORY D. FIELDS
ELYSE LEHMAN

edited by
SALLIE WATERMAN
ELLEN LEVINE

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Brooklyn, New York 11201.

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INTRODUCTION

This booklet tells you what you can do if you are threatened by your husband or boyfriend. It is a self-help guide. You must be ready to do something for yourself if you want the threats and beatings to stop.

Your husband or boyfriend has no right to hit or injure you. It is against the law for a man to beat or threaten his wife or girlfriend. Unfortunately, the police and the courts often do not believe that fights between couples are serious. As a result of this attitude, many court officials and police officers discourage women from bringing their cases or continuing with them after complaints have been filed. Many times women give up because going to court takes so much time, work and patience. Even a woman who has been badly injured must fight hard just to get her case before a judge, and then to get the judge to believe her instead of her husband. People often wait all day for their cases to be heard by the judge. There are many adjournments, which means that nothing happens, and you have to come back to court again. In fact, more than half of the women who complain to the courts of beatings or threats drop their cases or withdraw their complaints. Certainly, the hassles they face from the police and the courts contribute to the "dropout rate."

Before you start a court case you have to think about the time you will be able to spend. You also have to decide if taking the man to court will be the best way to get him to stop beating you; sometimes it is better just to move away and get a divorce. But there are times when court is the only answer because your husband or boyfriend still will not leave you alone; when that happens you should know how to get the court's help, which is why this booklet has been written.

WHAT TO DO IF YOUR HUSBAND OR BOYFRIEND BEATS OR THREATENS YOU

MOVE OUT

Move away with your children. Stay with a woman friend, or with relatives. Do not stay with a man who lives alone, unless he is your brother, father or grandfather. It would appear as though you were committing adultery. This could cause a custody fight. You would certainly lose any chance of getting alimony. But if you have no children and you are self-supporting, or do not need alimony, or you have no property, or your husband is not working, there is no alimony or custody to lose. Do not leave your children with your husband. You would seem to the court to be a neglectful mother who abandoned her children. This would give your husband a strong legal weapon to use against you. He could try to win custody of your children, or threaten to try to get custody. He could use this to force you to take less child support or alimony. It would make it difficult for your lawyer to get you as much as your husband can afford to pay.

SAVE EVIDENCE

Try to get your friends, relatives or the women at the shelter to take color pictures of your injuries as soon as you arrive. Save any torn or bloody clothing. The picture and clothing may be shown to the judge to support your explanation of why you left your husband. These will assist your lawyer in getting the best possible settlement in a divorce.

GO TO AN EMERGENCY SHELTER

A community group or your local government may have emergency housing for women and their children. This is new so you will have to look hard to find it. Call the local chapter of the National Organization for Women, "NOW", or other women's organizations in your area. Ask a Family Court probation officer, call the Victims Information Bureau, or ask a telephone information operator. Many areas have plans to open emergency housing for women and children. Listen to reports on television, radio, and in newspapers for announcements of the opening of a refuge or shelter for battered women and their children.

CALL THE POLICE

You should call the police during or immediately after the attack or threat, *if you want the man who beat you arrested*.

Whether or not you are legally married to the man, if you are physically hurt you may go to the police and ask the police to arrest him.

If the police refuse to arrest him, you have the right to make the arrest yourself. This is called a "civilian arrest." The police must assist you in taking the man to the police station and filling out the arrest forms.

If the police say they cannot help you because the man is your husband or the father of your children, write down the officers' names and badge numbers. Let them see you do this. Then report them to their commanding officer.

GO TO COURT

If you are legally married to the man who beat or threatened you, you may go to the Family Court or the Criminal Court in your county. *It is you choice.* If your husband is arrested, tell the police officer whether you want to go to Family Court or Criminal Court. Then ask the officer the time and the address of the place you should go to. If you do not want to make a criminal complaint, you may go directly to Family Court without calling the police. If you want to make a criminal complaint and no arrest was made, go directly to Criminal Court. In New York City go to 346 Broadway, Manhattan.

If you are divorced or not legally married to the man who beat or threatened you, even if he is the father of your children, you may ONLY go to Criminal Court. You may *not* go to Family Court for an Order of Protection if you are not married to your attacker. (You may go to Family Court for child support even though you are not married to the father.) If no arrest was made, in New York City go to 346 Broadway, Manhattan.

WHEN COURT CAN HELP YOU

Family Court or Criminal Court can help you if your husband or boyfriend does any of the following:

(1) Places you in fear of physical injury;

(2) Threatens you;

(3) Attempts to injure you;

(4) Injures you.

GO TO COURT IMMEDIATELY—OR AS SOON AS YOU ARE PHYSICALLY ABLE

The court clerk will want to know why you did not come sooner. You may have to return several times and wait all day. Courts are very busy. You must decide if you can spend the time and if the court can give you the kind of help you need.

WHAT FAMILY COURT CAN DO FOR YOU

(1) Help you and your husband get counseling;

(2) Give you custody of your children;

(3) Order your husband to give you support for yourself and your children;

(4) Order your husband to stop injuring you;

(5) Order your husband to move out of the house;

(6) Order your husband to stay away from you and your children;

(7) Set a time and place for your husband to visit with the children;

(8) Order child support even if you are not married to the father.

However, Family Court *cannot* give you a divorce, legal separation, or annulment. For that, you must see a lawyer, and the case must go to New York's Supreme Court. Family Court also *cannot* give you all or part of the furniture, the family car, or part of the money in the bank accounts. It can give you support money only.

You may *not* seek an Order of Protection in Family Court while there is a Criminal Court case pending on the same charge. But you may seek support in Family Court while a Criminal Case is pending.

HOW TO GET FAMILY COURT HELP

In Family Court ask for an "Order of Protection," which can order your husband to stop bothering you or to stay away from you and which may give you custody of your children and the other relief listed above. When your case is heard, the judge will decide exactly what the Order of Protection should say.

You will be given an appointment to see an Intake-Probation Officer. If you want help immediately, you should be seen that day or the next day. The probation interview is *voluntary*. If you do not want to talk to the probation officer you can file your petition for an Order of Protection without having the interview. (Filing your petition is the way your case gets to be heard by a judge.)

TEMPORARY ORDER OF PROTECTION

If you case is an emergency and you are in immediate danger of being injured by your husband, you should ask to see a judge that day to request a "Temporary Order of Protection." A Temporary Order of Protection orders your husband not to harm you, and it lasts until the date set for you and your husband to come to court for a trial. To get this Temporary Order of Protection you will have to convince the judge that you are desperate and in need of immediate protection. You can do this by showing the judge your bruises, or wounds (or photographs of them), and by telling the judge just why you are afraid. Bring witnesses if you can. Tell the judge what your husband did to your children. If the children got upset and scared, tell that too.

You will be asked when your husband hit or threatened you. If you have waited more than two days before coming to court, you may not get a Temporary Order of Protection. Because you did not come to court immediately after the attack, the people at court will believe that you are not in danger. If you are in need of immediate protection while you wait for the court hearing date, you must explain why it took so long to get to court. You must convince the judge that there was good reason for the delay: you were too badly hurt; or you did not know where to go; or you were getting medical treatment.

The person at the appointment desk and the judge will both ask if this was the first time your husband attacked you. They may not take your complaint seriously unless you point out that this attack was worse than the previous ones, that you were hurt and made fearful. If it was the first time, they will try to get you to forgive him. But that is your decision. You cannot be prevented from seeing a judge. They do not understand that you felt guilty and ashamed (even though you had no reason to feel that way), and that you tried to forgive and forget the previous attacks. We know that it takes a long time for a woman to get the courage to seek help from Family Court.

Sometimes people at court think that if a wife has put up with beatings in the past she does not really need the Family Court's help. You have to let them know that this unspoken belief is not true. You must tell them that you are in need of their help and that you will return for appointments. The fact is that many women do not return for court appointments. They get scared and decide to try to make peace at home. People at court often give this as a reason for not seriously considering a woman's request for an Order of Protection.

ARREST WARRANT

The judge may give you a warrant for your husband's arrest instead of a Temporary Order of Protection. Take this to the police station in the area where your husband lives or works or can be found. Go with a police officer who is assigned to make the arrest to identify your husband. If Family Court is open (Monday through Friday, 9 AM to 5 PM), your husband will be taken there. If Family Court is closed, your husband will be taken before a Criminal Court judge who will decide if he will be held in jail until Family Court is open or released and ordered to go to Famiy Court. If it is late at night and no court is open, your husband will be held by the police until he can be taken before a judge the next morning.

INTAKE PROBATION

If you do not need a Temporary Order of Protection, you will be given an appointment to see a probation officer first. This officer is not a judge and cannot give you an Order of Protection. Probation can give you counseling, or help you get counseling for yourself or for you and your husband. Probation counseling may continue for one or two appointments, or until you or your husband want to stop it to see a judge.

Probation tries to find out if you want court action or other help. Your husband will be asked to come to an interview. If you come alone, the probation officer will counsel you. If your husband comes also, the probation officer will try to help you and your husband work things out. There are good probation officers and there are bad ones. If you are not happy with your counseling, you can end the probation counseling and file your petition right away. *You do not have to accept counseling by probation.* You can go directly to the clerk to file your petition and get your case before the judge.

CLERK

The clerk will help you fill out a petition asking for an Order of Protection and will then give you the date when you and your husband should return to court for a hearing (trial) before a judge.

Tell the clerk what your husband did to you, but be brief. Do not go into a long story. The clerk is not a judge. You do not have to convince the clerk that you are right.

Tell the clerk what you want the judge to do;

(1) Order your husband to stop threatening or hitting you;

(2) Order your husband out of the house;

(3) Order your husband to stay away from you and the children;

(4) Give you the custody of the children;

(5) Set a time and place for your husband to visit with the children;

(7) Order your husband to give you support for yourself and the children;

(8) Order child support even if you are not married to the father.

The clerk will ask you to sign the petition and swear to the truth of what it says. Read it carefully. Tell the clerk to correct any mistakes you see in it. Sign it when you are sure it is correct.

The clerk will give you a court summons (which tells your husband that he must come to court and on what day) and a copy of your petition with instructions for a friend, relative, sheriff or process server to give them to your husband. If a friend or relative gives your husband the papers, a police officer can be asked to go along, but only for protection; the police officer is not allowed to give your husband the papers. If you have a sheriff or process server give the papers to your husband, they will charge you for it and will also probably take their time. A friend or relative is the better choice.

Whoever gave your husband the papers must sign the sworn "affidavit of service" which you will receive from the clerk. This affidavit of service must be signed in front of a notary and notarized and then kept by you to give to the judge when you go back to court for your hearing. If your husband does not come to court, this paper is proof that he got the summons and a copy of the petition.

COURT HEARING

Your husband must come to court on the court date set in the summons. (The summons is a court order telling him to appear in court.) If he does not, your case will be adjourned, and you will be given a new court date. Ask the judge to issue a warrant for your husband's arrest by the police. (If your husband does not come after several times, ask the judge to give you an Order of Protection and a warrant.) Wait to get a copy of the warrant. Immediately take the warrant to the police station near where your husband lives, works or can be found. You must go with the police officers to point out your husband. They will arrest him and take him to the Family Court. You may call the police if your husband comes to your home. Show them the warrant and ask that your husband be arrested and taken to Family Court. If the police refuse to arrest your husband on the warrant, write down their names, and badge numbers. Let them see you do this. Call their captain at the police station and tell him that you have a warrant and the officers will not make the arrest. This should get them to do it.

Even if your husband does appear in court, the case may still be adjourned to permit him to get an attorney. (He has a right to a court appointed free attorney, but you do not.) You should have your own lawyer present. You will have to pay your lawyer unless she or he is a Legal Services or Legal Aid attorney.

Be ready on every court date, even if your husband said he would not be there. You want to impress the judge, so dress neatly as if it were a job interview. Your sworn statements will be good proof of your case, but if you have witnesses, medical reports, and photographs, bring them with you. Show them to the judge at the hearing, but not if a new date is being set. Show them only if the judge asks you to tell your story.

At the hearing, the judge will try to determine what happened between you and your husband and will decide whether or not to sign an Order of Protection for you. Everything depends on how well you present your story to the judge. Do not shout, but speak loudly, slowly and clearly. Practice with a friend. Tell what your husband did to you. Tell of your injuries and fear. Tell how the beating affected your children and if your husband hurt them too. Make it short. Answer the judge's questions briefly. Do not show anger with what the judge asks or says. If you get upset, don't be ashamed to cry.

Talk only to the judge. Your husband will tell his side. Do not get angry at your husband, and do not fight with him or answer him back. Do not interrupt your husband no matter what he says. When he is done, you can tell the judge your side of the story.

Some judges are very sympathetic to battered wives, but there are other judges who blame women for starting the fights in which they get hurt. This is the gamble whenever you go out to court. The judge has complete control over whether you get an Order of Protection and what it will say. If the judge believes your husband and decides that you provoked him or attacked him first, your petition may be dismissed or a mutual Order of Protection issued ordering both you and your husband to stay away from each other.

ENFORCING AN ORDER OF PROTECTION

If you get an Order of Protection and your husband violates any part of it, you may do either of two things:

(1) Call the police and have your husband arrested. The police are supposed to arrest him if you tell them what happened and show them your Order of Protection. (If the police officer refuses to arrest your husband, take his or her badge number and

write it down. This may force him or her to help you.) Your husband will be arrested and taken to the police station. The police will tell him to show up at Family Court the next morning (or on Monday if he is arrested over the weekend), and shortly after the arrest he will be released. Or

(2) Go to Family Court and file a new petition called "VIOLATION of an ORDER OF PROTECTION." The court will mail your husband a summons to return to court for a hearing at a later date.

In either case there will be a hearing just like the one you had when you got the Order of Protection. Prepare the same way: bring witnesses, photographs, and medical records. You must convince the judge that your husband violated the order and you got hurt or scared. You husband will have a right to an attorney. You should have your own lawyer if you can afford to pay one. After the hearing, if the judge believes you, the judge may impose strict orders, such as ordering your husband out of the home, or putting him in jail.

WHAT CRIMINAL COURT CAN DO

(1) Set criminal charges against your husband, ex-husband or boyfriend.

(2) Release him with or without bail on his promise to return to court for a hearing.

(3) Adjourn the case for six months on his promise not to hurt you anymore.

(4) Order him to stay away from you.

(5) Set a time and place for him to visit with any children.

(6) Sentence him to jail or probation after a conviction.

Criminal Court cannot decide property or money disagreements or give you support for your children. If the man who attacked you is the father of your children, you must go to Family Court to get child support. That is a separate case and has nothing to do with the Criminal Court case. Although you cannot have a case about the same threat or attack in both Family Court and Criminal Court at the same time, you can have one case about the attack in Criminal Court and another case about support in Family Court or divorce and support in Supreme Court at the same time.

WHAT HAPPENS AT CRIMINAL COURT

If your husband or man friend was arrested for beating or threatening you, the district attorney will present your case to the judge. You must follow the arresting police officer's instructions about when and where to go to court. If you are not sure, ask the officer questions, or call the district attorney's office the next morning at 9:00 AM. Tell them the name of the person arrested, and ask when you should come to court.

Some district attorneys are not interested in family violence cases. You must show that you are interested . Show your evidence. If you have trouble getting the district attorney to prosecute the case, get help from the Victims Information Bureau or Victims Assistance Project, located in the Criminal Court building, or from the local chapter of the National Organization for Women, "NOW", or from the people at a refuge for battered women if there is one in your area. The final decision about whether to prosecute is up to the district attorney. If the district attorney takes your case in Criminal Court, the Criminal Court judge can give you an Order of Protection, but you must tell the district attorney that you need it. The district attorney should then request the Order of Protection for you.

If the district attorney says that your case cannot be won, or your evidence is too weak, and he or she refuses to prosecute the case, you may go to Family Court for an Order of Protection instead of Criminal Court, but only if you are *married* to the man who beat or threatened you. You may *not* seek a Family Court Order of Protection at the same time the case is in Criminal Court. You *may* seek support in Family Court, or a divorce and support in Supreme Court while there is a case in Criminal Court.

If you are threatened or beaten by your husband or a man to whom you are not legally married, and he is not arrested you can go directly to Criminal Court to make a sworn complaint. You will be given the complaint and a summons, and a court date will be set for you and the man who beat you to return to see a judge. You may not give the summons and complaint to the man who beat you. Take them to the police precinct in the area where the man who hurt or threatened you lives, works, or can be found. A police officer will give the summons and complaint to the man who beat you. You must go with the police officer to point out the person to get the summons. The officer must sign a statement saying that he or she gave the summons to the man involved. You must keep this statement to give to the judge when you go to court.

You will see a judge on the date set in the summons. If the man who beat you does not come to court, the judge will listen to you and decide whether or not to issue a warrant for his arrest by the police. If the man involved comes to court, the judge will listen to both of you and decide if either of you should be charged with a crime or if the case should be dismissed.

It is important that you present your case well. Do not shout, but speak loudly, slowly and clearly. Practice with a friend. Tell what the man did to you. Tell of your injuries and fear. Show pictures of your injuries. Tell how the beating upset your children. Make it a *short* story.

Answer the judge's questions briefly. Do *not* show anger with what the judge asks or says. If you get upset, you can cry.

Talk only to the judge. The man who hurt you will tell his side of what happened. Do not get angry with him. Do not fight with him or interrupt him, no matter what he says. When he is done, the judge will let you talk again.

If the judge decides to charge your husband or man friend with a crime, the case will be sent to the district attorney and bail will be set. You must help the district attorney and show that you will stay interested in the case. You must come to court on time each day the case is being heard. You may have to go before the grand jury if a weapon was used or if your injuries were very bad.

WHAT YOU CAN DO FOR YOURSELF

If you are not married, you may leave your boyfriend and take your children with you. You may apply for welfare, and you may go to the Family Court to seek an order of filiation or paternity, which states that your boyfriend is the father of your child and orders him to pay child support.

If you are married, you may leave your husband and take your children with you. You may also apply to welfare for assistance and to Family Court to get support for yourself and your children. No one can say you abandoned your husband if you have "good cause." If your husband was physically or *mentally* cruel to you with his threats, you do not have to continue to sleep or live with him, and you do not lose your rights to alimony and child support by leaving.

You may also sue for divorce or separation either while you are still living with your husband or after leaving him. Go to a Legal Aid or Legal Services lawyer for free advice and assistance with the divorce if you have no money. If you can pay a lawyer or your husband has a good income and a steady job, you should hire a lawyer. (In New York, the lawyer can get his or her fee from your husband if your husband has the money.)

QUESTIONS YOU SHOULD ASK WHEN RETAINING A DIVORCE LAWYER

Many people are disappointed with divorce lawyers. This results from expecting too much and not having the right tools for choosing a lawyer. A lawyer is not a social worker, psychologist or confessor. But an understanding lawyer can refer you to counselors and psychologists to help you through the stress of divorce.

These are some questions you should ask the lawyer before you decide whether or not to hire him or her:

- How much do you charge by the hour? For a first meeting?
- What is your minimum fee for my kind of case?
- What is covered by your fee?
- How many negotiating sessions are included?
- How many court appearances are included?
- What is your rate for appearance in court?
- Do you have a written retainer agreement that I can sign and a copy of it for me to keep?
- Can you suggest a divorce counselor, or social worker, or psychologist?

After telling the lawyer the facts of your case and how much money you have, ask:

- How much money and/or child support can I expect to receive?
- What property settlement can I expect?
- What part of your fee will my husband have to pay?
- Are you willing to seek and enforce temporary support orders?
- Are you willing to enforce final orders and judgments of divorce?
- What are your fees for enforcement? Hourly rate for enforcement?
- Will you seek modification of final orders and judgments if changes in circumstances justify modification?
- What are the practical limitations on enforcement?

Also ask:

- What should I do to help you with my case?
- What do you expect of me?
- What papers, documents, and witnesses should I assemble for you?

If you have reservations about the quality of the lawyer's responses, or the style of the lawyer, shop around. There is no absolutely right approach for a lawyer to take. You should select a lawyer whose values and attitudes are similar to your own. This choice should be made before the start of your case and before you hire a lawyer. Don't be afraid to look for another lawyer if you do not like the first one you talk to. But make your choice before the case begins; people who change lawyers more than once after the start of a divorce, or any other lawsuit, hurt their own chances of being believed by the judge and make a good settlement or successful trial more difficult. Evaluation of the attorney you select to represent you should be made before you decide to retain him or her. But if you must change lawyers, do so quickly and only once in the course of the case. Make sure that your new lawyer has a clear picture of why you changed. This will avoid repeating your previous mistake and will give your new lawyer weapons with which to defend your change of lawyers.

There are so many lawyers practicing that you do not have to hire one you don't like. Ask friends for the names of lawyers they like. If you take the time to choose, you should be able to find a lawyer you trust and respect.

HOW TO GET ON WELFARE

In order to receive welfare you must fill out an 11-page application form and have proof that you are eligible. This section will first outline the steps in the application process in terms of what should happen; and, second, some of the problems in the application process.

APPLICATION PROCESS
HOW IT SHOULD WORK

1. Pick Up Application

Using the telephone book, locate the Department of Social Services nearest your home. In New York City call 553-5744, give your address, and they will tell you where to go. Call before you go to make sure that it is the proper office for your address (the place where you are staying, even if it is temporary). If it is not, ask them to tell you the address of the Department of Social Services where you should go to make an application for assistance. Advance checking will save you wasted time, carfare and frustration.

The first time you go to the welfare office you should be able to walk in and see the "application receptionist" who will determine if you have come to the right center. The receptionist should then give you the application form, a "redi-reference guide" listing papers and documents that you must have to prove you need welfare, and other pamphlets on your rights. The receptionist should explain the application process and give you an appointment to return for an interview in five (5) days (not counting Saturday and Sunday). In an emergency when you have no money for food and nowhere to live, the interview should be that same day.

2. Application Interview

Go home and fill out the application form and gather the necessary documents to prove eligibility. Return to the center for your interview on the date set. You will see someone in the center's application unit who will check the form and documents. If everything is filled in properly and you have the necessary documents, the worker will make a recommendation to the supervisor. The application supervisor, in turn, should issue a final, written decision not later than the following working day. A copy is mailed to you, together with a statement of the aid you will receive if the application is approved.

A decision on the application may be delayed if you need to bring more documents, but the decision must be made within 30 days after the agency receives the application (the date of your interview). In case of immediate need, you should receive temporary aid. This is generally referred to as a "predetermination grant."

3. What You Can Get

Welfare gives you a budget for food, clothing, rent, and free medical care. If you have some income, you may be able to get a supplement, medicaid (free medical care), and food stamps. (Even if you are not eligible for welfare, you may be able to get medicaid and/or food stamps. Moving expenses, furniture grants and rent security deposits are sometimes available.)

APPLICATION HASSLES: HOW IT DOES NOT WORK

1. Picking Up The Form

A dozen or more centers in New York City have such a problem with long lines that you will have difficulty just getting into the center to pick up a form. You may have to go early in the morning to get on line.

A second problem may arise if the receptionist refuses to give you an application form. Many receptionists believe their job is to screen out persons who do not appear to be eligible. This is against State regulations. If you have this problem, ask to speak to a supervisor. Everyone has the right to fill out the application form and to receive a written decision on the application.

2. Delayed Appointments

Although your interview appointment should be no more than five days after you pick up the application, many centers exceed that limit. The only remedy is to ask to speak to the supervisor. The office manager and center director can help. In addition, the New York City field manager in charge of the center (whose office is at 250 Church Street, New York, New York) can arrange an earlier interview.

3. Documentation

According to the State regulation, basic facts of eligibility—the applicant's identity, family size, residence, rent, and income, if any—must be verified by documentary evidence "wherever possible." In practice, New York City welfare employees impose a virtually unbreakable rule that documentation be provided for each element of eligibility.

Thus, an application may be denied because all birth records are in another state and therefore identity has not been verified.

Documents You Will Need	**Alternatives**
your birth certificate your children's birth certificates	baptismal certificates passports school records
apartment lease mortgage bill or statement from bank	rent receipts affidavit by person with whom you are living or to whom you are paying rent
unemployment insurance book disability award letter pay stubs income tax forms from last year Family Court Support Order Family Court Statement of Arrears—from Accounts and Records Dept.	your affidavit of your past and present income letter from your employer

Bring originals and photocopies whenever possible. Give the worker the copies and *keep the originals.* If you have originals only, the worker will copy them while you wait and return the originals to you.

In those centers using the old procedures, documentation hassles often arise from repeated requests for the same proof. Worker "A" will demand a birth certificate and, upon returning with the document, the applicant is rebuffed by Worker "B" who demands a baptismal certificate or school record. Get the names of workers with whom you talk so you can protect yourself. Again, make vigorous complaints to the supervisors.

As a general rule, aid should not be withheld because of inadequate documentation where there is emergency need. Also, documentation should not be required from the applicant where there is a reasonable explanation why it is not available. For example: your husband or boyfriend will not give them to you and the originals are in another state or country; you lost them or they were burned in a fire; you do not have the money to pay the fees to get new copies.

4. Past Maintenance

A special documentation problem called "past maintenance" arises from a requirement that you prove how you have lived in the past. This is easy for someone who has been laid off—payroll stubs should be adequate proof of past maintenance. Problems arise when an applicant has been borrowing from friends or relatives and a welfare worker insists on proof of past maintenance for several years past. All too often applicants are rejected despite actual need solely because of techincal failure to verify past maintenance. The proper interpretation of this policy is that you need only furnish a reasonable explanation and proof of the manner in which you are maintaining yourself and have maintained yourself in the recent past.

5. Processing Acceptance

Because of the paper work involved, it can take some time before you actually receive money. You may be told orally or by letter that you have been accepted, but it may be 2 or 3 weeks before you get a check. If you can prove that you have an emergency, you will receive the money sooner.

EMERGENCY ASSISTANCE

In theory, any person is entitled to whatever is necessary to maintain life, including food, clothing and shelter. In practice, however, workers are often especially obstinate in denying or delaying emergency grants, and virtually no effective remedy is available to deal with an immediate problem. You will need the assistance of a welfare advocate if this happens in your case. Call your nearest Legal Aid Society or Legal Services office by looking in the telephone book. If you cannot find it that way, call information and ask for the telephone number of the Bar Association. The Bar Association should be able to give you the number for the Legal Services office, or tell you if there is one in your area. Call before you go there, because offices see people by appointment only. Tell them you have an emergency welfare problem and ask for an immediate appointment. The local shelter for women may have a welfare advocate who can help you. Check with them. In addition, the Salvation Army, Catholic Charities and some local charity organizations may provide food and shelter for a night or two.

PLACES WHERE YOU MAY GET HELP IN NEW YORK STATE

Look for the local chapter of the National Organization for Women, "NOW", any women's groups, hospital emergency rooms, or mental health clinics, victims information bureau, Legal Aid Society or Legal Service, lawyer referral service of the county Bar Association, and Catholic Charities. If you are unable to find any group to help, try the telephone information operator, or a rape crisis telephone hotline.

NEW YORK CITY—LEGAL SERVICES

MFY Legal Services
759 Tenth Avenue
New York, N.Y. 10019
581-2810

Legal Aid Society
1029 East 163rd Street
Bronx, N. Y. 10459
991-4600

Brooklyn Legal Services
152 Court Street
Brooklyn, N.Y. 11201
855-8003

COUNSELING SERVICES

Educational Alliance
197 East Broadway
New York, New York 10002
475-6200

Henry Street Settlement
265 Henry Street
New York, New York 10002
766-9200

Flatbush Sheepshead
Mental Health Clinic
3043 Avenue W
Brooklyn, New York 11229
769-4344

Dr. Martin Symonds
Karen-Horney Clinic
329 East 62nd Street
New York, N.Y. 10021
838-4333

National Congress of
Neighborhood Women
145 Skillman Avenue
Brooklyn, N.Y. 11211
383-0883

AWAIC (Abused Women's
Aid in Crisis)
Hot Line 686-3061
686-1676
686-3628

Mount Vernon Area
Y.W.C.A.
45 North Tenth Avenue
Mount Vernon, N.Y. 10550
(914) 668-9692

Women's Country House
P.O. Box 286
Bearsville, N.Y. 12406
(Ulster County)

All the Queens Women
36-23 164 Street
Flushing, N.Y. 11358
359-9204

Center for the Elimination
of Violence in the Family.
362-51st Street
Brooklyn, N.Y.
439-4612
(shelter to be opened)

Social Service Dept.
St. Francis Hospital
Poughkeepsie, N.Y. 12601

Victims Information Bureau of Suffolk

501 Route 111
Hauppauge, N.Y. 11787
(516) 360-3730

VIBS
Hot Line
(516) 360-3606

Alternatives for Battered Women
1921 Norton Street
Rochester, N.Y. 14609
1-716-266-6684

Etiology of Violence: Overcoming Fallacious Reasoning In Understanding Family Violence And Child Abuse

remarks of

Richard J. Gelles

When I was originally asked to speak about the research we have been engaged in for the last seven years, I assumed I would talk about the etiology of child abuse or the etiology of violence in the family. I initially thought I would address the question of what causes people to abuse their children and to be violent. In other words, I was prepared to give a "What do we know" presentation. Afterall, that would not be a particularly onerous task. After seven years of research, I have filled up my office with interview tapes, computer print-outs, and reprints of many other studies. At this stage in our research it would not be too difficult to pull it all together and make a reasonably coherent presentation.

However, I began to remember a number of things that have bothered me about the traditional "What causes child abuse" presentation. And I thought about the genesis of my own involvement with this topic. In 1970, I was a graduate student with Murray Straus. He was writing a book with Suzanne Steinmetz called *Violence in the Family* (1974). At that time I was studying television news and I had little interest in the study of violence or the family. Murray Straus, valuing my opinion nonetheless, asked me to read five journal articles on child abuse and advise him as to which two he should publish in his book. Having nothing better to do that weekend, I consented to read the articles. They were all written by well-known and quite prominent figures in this field. However, I couldn't recommend that any of the articles be published. In fact, they were so abominable, I couldn't understand why any journal would have accepted them in the first place. I told Murray that, even as a graduate student not far along in my studies, I was appalled at the numerous flaws and problems in the research. And he said, "Well, if you're so smart—do something better."

I believed that by taking the same data presented in the papers, and recasting them using appropriate methods and data analysis techniques, it would be possible to arrive at completely different explanations of the generative causes of child abuse. That was precisely what I did. I thought the resultant paper might be published, look nice on my vita, perhaps help me get a job, but certainly no more than that. However, to my surprise, I apparently stirred up a hornet's nest. There were many people who were very dissatisfied with the current research and very dissatisfied with a strict psychological approach to child abuse. These people latched on to this little paper and I found myself traveling a lot and presenting the same material over and over again.

In the course of my travels, I realized that the five papers to which I had objected were not exceptions to the rule but rather, they were the rule. It was not unusual to find speakers making consistant and flagrant methodological errors in their efforts to arrive at conclusions about the causes of child abuse.

Given this situation, I have decided to modify the presentation I had originally planned to give today. A discussion of the etiology of violence and child abuse should examine the rules of evidence that support well-known causal explanations, as well as simply examine the explanations themselves. We need to ask "How do we know it?" as well as "What do we know?" I was further convinced of the value of this approach for my presentation today when I re-read a paper that Ed Zigler, former head of the Office of Child Development, presented at the First National Conference on Child Abuse and Neglect in Atlanta last year (1976). Zigler said that child abuse research in 1976 is where mental illness research was 20 years ago. I believe that is an important point of departure in seeking to understand the causes of child abuse. Thus, I would first like to examine eight major problems with the research to-date. Then, I will talk about the preliminary information we *do* have about the causes of child abuse and family violence. I will conclude the presentation with some suggestions for future research directions which focus not on the substantive issues but rather on the technical issue of how we should approach the study of child abuse.

Early child abuse researchers were physicians, psychiatrists, social workers and other clinicians. Their work was based on at-hand cases. Control groups were rarely used. Almost uniformly, the conclusions drawn by these researchers dealt with personality and some social traits, which are said to characterize child abusers. However, lacking control groups, the researchers had no way of knowing whether the traits they felt were causally associated with child abuse were, in fact, over-represented, under-represented, or similarly represented in the population at-large. Thus, on the basis of the early research, it was impossible to determine whether certain psychological factors were causally associated with child abuse. In fact, as I re-read the early articles on child abuse, and even some of the current articles which purport to document numerous psychological traits associated with child abuse, I find profiles of my students, my neighbors, my wife, myself, and my son. It would almost seem that some of these researchers are right when they conclude that child abusers are a random cross-section of the population. However, their research does not tell us anything. Because control groups were not used, there is absolutely no basis upon which to draw any conclusions whatsoever.

Let us look at a specific example. Suppose a researcher says that 80 percent of his sample of child abusers have certain neurological impairments. Does he/she tell us what percentage of the population at-large has those same neurological impairments? The Srole (1962) study of mental illness in Midtown Manhattan found that as many as 80 percent of a randomly selected population were physically and/or psychologically impaired by psychological distress. Therefore, to say that 80 percent of abusers are impaired by psychological distress may in fact mean only that psychological distress is in no way specifically associated with child abusers. In the absence of control groups, many such conclusions about the causes of child abuse are not very meaningful. It has only been in the last three or four years that child abuse research has begun to consider the inclusion of randomly selected or matched control groups in study samples.

A second problem of much research to-date has been the use of the medical or epidemiological model. This research paradigm forces a constricted and narrow focus on the study of child abuse. When attempting to explain individual cases of a phenomenon's occurrence, epidemiologists tend to look for commonalities present or factors absent in that phenomenon.

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An epidemiologist looking for the cause of Legionnaire's disease would examine factors that are common to people who have the disease and absent among people who do not have the disease. Medical researchers are trained to think of behavioral malfunctions or dysfunctions as being caused by one or two germs or toxins in the individual. The problem is that a paradigm of research which explains a phenomenon on the basis of one or two factors, or a combination of a few factors, tends to omit from consideration the complex series of variables and interactions of variables that are part of the causal explanation of social behavior. The medical model, the "search for the germ technique," is inappropriate to the analysis of social phenomena because it uses a biological metaphor for social behavior. Child abuse is a social phenomenon, not a biological or medical phenomenon. It cannot be studied by "search for the germ techniques."

The numerous studies of violence and child abuse which have been carried out over the last 20 years are examples of the problems with the medical model explanation of child abuse. Most of these studies are capable of explaining only four to five percent of the variance found in the dependent variable because the research is limited to looking at only one or two causal variables. The studies do not consider patterns of variables; they do not consider time order; they do not use multiple regression techniques of analysis or pathanalysis techniques; they do not even consider interaction effects.

The extra y-chromosome argument is another example of the epidemiological approach. It was only a month ago that I heard a prominent director of a social service agency state that one of the causal factors of child abuse and violence in America is the presence of an extra y-chromosome. This individual argued that Richard Speck, the man who murdered nine nurses some years ago, possessed this extra y-chromosome. Well, it so happens that Richard Speck didn't have an extra y-chromosome (Shah, 1970a, 1970b). In fact by 1971, the theory of the extra y-chromosome as a viable explanation of violence had been totally disproven. However, an epidemiological or medical approach tends to encourage notions such as that of the extra y-chromosome because it tends to focus on one fact, one variable, one germ.

Let us look at a more positive example of the research done by sociologist Robert Sokol at Dartmouth College (1976). He found that the variables of social class and social stress were completely unrelated to child abuse potential, *when examined one at a time*. However, he went on to use more appropriate analytical techniques. He then found that there is a very strong interaction effect such that a combination of certain stresses found among certain people in certain social groups does, in fact, create child abuse potential. Thus in the area of child abuse, if you look for variables as epidemiologists do—one variable at a time—you are likely to rule out class and stress as causes. The relevancy of class and stress as causal factors is clear only if the interaction effect between the two is examined.

The third problem of much child abuse research, particularly that conducted by those in the fields of medicine, psychiatry and social work, is the fallacy of false time priority. Many researchers have tended to attribute causal status to variables which may have occurred or arisen *after* the violent or abusive act. For example, abusers have been described as paranoid and depressed. This finding is typically based on an interview with a suspected parent after they have brought their child to a clinic or an emergency room. On the basis of such studies we cannot conclude that these psychological states existed before the abusive act took place. It is just as possible that being labeled a child abuser contributes to the creation of these psychological states *after* the violent incident. The same line of reasoning that argues that child abusers are paranoid and that paranoia is a cause of child abuse, would lead one to conclude that paranoia is the cause of getting speeding tickets because people who receive tickets tend to act paranoid when the police officer approaches them.

The fourth major problem of many child abuse studies is the fallacy of the search for the perfect association. This fallacious reasoning underlies the argument that because some rich people abuse their children, poverty or low socio-economic status cannot be a cause of child abuse. Three of the four criteria for demonstrating a causal explanation in the social sciences are: 1) that an association be demonstrated to be of a significant magnitude and a consistent pattern; 2) non-spurious, and 3) based on an established time order (that the causal factor precede the caused factor). In order to conclude that socio-economic status or occupational prestige is a causal factor, it is not necessary to prove that *all poor people* abuse their children and that absolutely no rich people abuse their children. One must simply establish a relationship between a factor and child abuse or violence to support the claim of causality of a factor. *There need not be a perfect association.*

There are those who take the fallacy of perfect association to an even further extreme, saying that a factor must explain 100 percent of the variance and that there may exist no other factors which can explain a phenomenon. Again, a factor does not even have to show a *major* association; it does not have to explain 90, 80, or even 75 percent of the variance. A factor need only 1) have a *significant* association; 2) have taken place before the violent or abusive act; and 3) be non-spurious.

The criterian that an association between variables be non-spurious is very important. Take for example the relationship between alcohol and violence. It is commonly held that people who drink excessively tend to be violent, and that people who drink tend to abuse their children. However the causal relationship implied here between drink and violence tends to disappear when you investigate whether people believe they will or will not be held responsible for their actions when drunk. A story told by Murray Straus illustrates this point well. A counselor was interviewing a couple with a history of wife abuse. The counselor asked the husband, "Why do you beat up your wife?" The husband responded, "I can't control myself, I drink and I just lose control; I black out." The counselor, being a very wise person, asked, "Well, why don't you shoot her or stab her?" The husband had no response to that because the only answer he could have given would be, "I can't stab or shoot my wife, I might hurt her." He knew very well what he was doing.

The research evidence shows that people do get drunk and beat their wives and children, but they are fully aware of what they are doing. So aware in fact, that people will drink knowing that their inebriation will give them an excuse for their violence. Thus, the commonly assumed association between alcohol and violence tends to be spurious.

The recent theory that the rising unemployment rates are associated with the rising child abuse statistics exemplifies a fifth problem, that of the "ecological fallacy." Intuitively, the notion that unemployment is causally related to child abuse makes sense, given the fact that research seems to indicate that unemployed people are more likely to abuse their children however, it is inappropriate to interpret individual behavior on the basis of an examination of aggregate rates. The observation that both unemployment rates and child abuse rates are rising tells us nothing more than that the rates are rising simultaneously. We cannot conclude that unemployed people are abusing their children from these statistics. In fact, even if both the unemployment rates and the rate of child abuse decreased, we would not know if unemployed people who had become employed had stopped abusing their children. There are any number of plausible, if not accurate, hypotheses to explain that relationship. For instance, the simultaneous decrease in unemployment and child abuse rates may mean that hot-line volunteers have found employment and, thus, the recorded rate of child abuse has slowed down. The point is that we must question whether a statistic actually indicates something about individual behavior or whether it is simply an incidental association between rates.

The sixth problem, and my research is not free of this deficiency, is that our analyses of the causes of child abuse are typically based on at-hand clinical and medical cases, cases that have been officially labeled as child abuse cases. Most of the research to-date, and this includes 9 of the 11 projects currently funded by the National Center on Child Abuse and Neglect, define child abuse in terms of the cases which are identified or caught by child protection services, state agencies, local chapters of the Society for the Prevention of Cruelty to Children, etc. The statistics of such agencies reflect an over-representation of poor people, black people, marginal people, and spanish-speaking people. The conclusion generally drawn from these statistics is that discrimination, or lack of integration into society, is somehow causally related to child abuse. This was a theory which I accepted for a long time until, through my own research, I realized that it is possible that the factors associated with being vulnerable to being labeled (caught) a child abuser are confounded with the factors associated with *being* a child abuser. This is a problem of such magnitude that one cannot know for certain whether poverty causes child abuse or whether poverty makes the parents vulnerable to getting caught.

Ned Polsky (1969), who studies criminal and deviant behavior, has argued for years that you cannot try to explain the causes of delinquency, deviancy, and criminal behavior by interviewing inmates in prisons. A study of such a population is a study of the unsuccessful criminals, the ones who have been caught. Similarly, it is the successful child abusers that we don't know about, those who are insulated from the official reporting system. Any explanation of the causes of child abuse must take such individuals into consideration. This means that our research can no longer take a short-cut to defining child abuse by saying that child abuse is represented by all the cases that come to the attention of the authorities. When the three year funding period of the research projects sponsored by the National Center on Child Abuse and Neglect ends, we are going to know a lot about who gets caught and why they get caught; but ultimately, we will probably know very little about what causes people to abuse their children. This is not to say that this kind of research presents us with no evidence at all—it does and I'll present some of that evidence shortly. However, this research presents us with evidence of associations, not causal relationships. It presents possibilities of variables associated with child abuse which should not be considered as causal explanations.

The seventh problem is that causal relationships and/or conclusions tend to result from *post hoc* examinations of data. A very well-known study, one in fact that I've consulted for three years, is a prime example. The researchers constructed the longest interview schedule they thought was tenable, administered it, coded it, put it in a computer and spent two and one-half years playing with the data to see what things fit together. In my opinion, that is not a test for causal relationships. It is a gold-mining operation which looks for associations and nothing more.

TABLE 1: EDUCATION BY CHILD ABUSE

Years of Education	Abused Child	Did Not Abuse	Total
0-6	24	11	35
7-9	42	46	88
10-12	140	104	244
some college	13	17	30
college degree	2	6	8
graduate study	2	2	4
Total	223	183	409

TABLE 1a: EDUCATION BY CHILD ABUSE

Years of Education	Abused Child	Did Not Abuse
0-6	11%	6%
7-9	19%	25%
10-12	63%	56%
some college	6%	9%
college degree	1%	3%
graduate study	1%	2%
Total	100%	100%

TABLE 1b: EDUCATION BY CHILD ABUSE

Years of Education	Abused Child	Did Not Abuse	Total
0-6	69%	31%	100%
7-9	48%	52%	100%
10-12	57%	43%	100%
some college	43%	57%	100%
college degree	25%	75%	100%
graduate study	50%	50%	100%

The eighth problem is that of an inappropriate methodological approach to the presentation of tabular data. It is a problem which has plagued even the classic researchers in the field of child abuse. Let us look at Table 1 which presents the relationship between education and child abuse (Table 1 presents data from an actual study of abuse). In this table the independent or proposed causal variable, is "education." The dependent variable, the factor which we are trying to explain, is "child abuse." In order to standardize the data and interpret any table we must first percentage the raw data. There are three ways to present the percentaged data. The first, which actually reveals nothing, would be to divide the number of cases in each cell by the total number of cases in the table (N=409). Doing this, however, reveals nothing about the possible association between education and child abuse. The second approach is to percentage in the direction of the dependent variable. In Table 1a we have percentaged in the direction of the dependent variable by dividing the number of cases in each cell by the total number of cases in each category of the dependent variable. The question answered by this approach is "what percent of child abusers have 'x' amount of education?" At first glance it would appear that the most likely abusers are those with 10-12 years of education (69% of the abusers had 10-12 years of schooling). However, this conclusion is misleading. For one, it simply presents the educational distribution of child abusers. One would expect there to be more abusers in the 10 to 12 years of education category, because most of the population of the United States falls into this range (the median number of years of schooling for the population is between 11 and 12).

What we need to know is not what the education of the child abuser is, but what percentage of child abusers have 'x' years of education and what percent of people with that level of education do not abuse their children. In other words, are people with one level of education more or less likely to abuse their children? To answer this question, one must percentage the table in the direction of the independent variable as we have done in Table 1b. From this table it can be seen that the greatest difference between abusers and non abusers is at the lowest and highest ends of the education continuum. In other words, those with the least education are most likely to abuse, while the most educated are the least likely to abuse.

This is a very simple example, but it does demonstrate that different results can be obtained from the same data set, depending on how the data are presented in tabular form.

In the last ten years, the issue of child abuse has become a priority; the federal government decided that child abuse was an important area, agencies decided that this was a problem they wanted to confront, and we've engaged in a head-long rush to try to understand the causes of child abuse and to solve the problem. A side-effect of this focus of attention has been a tendency to accept and repeat conclusions with little critical awareness. Questionable statistics are cited and recited until they become accepted as fact, until they are accepted as common knowledge. However, many of these statistics are a product of a kind of statistical alchemy. For an example, let us look at the national statistics on the incidence of child abuse. The only reputable figures are those presented by David Gil (1970). Too many other researchers present national statistics which are developed through projections made on the basis of the incidence of child abuse in only one area of the country. For example, Douglas Besharov, the director of the National Center of Child Abuse and Neglect, takes the reported cases from New York state and projects figures for the entire country.

As should be clear from the problems which I have presented, it is incumbent upon those in the field of child abuse to not simply repeat conclusions and associations, to not accept them as fact, but rather, to ask of every citation: What are the rules of evidence that support these conclusions? How viable are these conclusions?

It is important to note that the problems of methodological error in research are compounded by misquotation. People read only the abstract or the conclusion section of research papers and skip the tables and the limitations. Newspapers and journals do this all the time. They cite only the last line in a study, "X, Y and Z are the causes of child abuse." They don't refer to the part of the study that says, "This research is based on a sample of 80 families in New Hampshire who are totally unrepresentative of the population at-large. The conclusions are basically only suggestive of what factors might, through further research, be found to cause child abuse."

Given this situation, I feel a responsibility to at least inventory the associations that have been demonstrated in the literature. I will not talk about causes or etiology. Rather, I will talk about associations that have been identified as possible determinants of the act of physical abuse.

1. The first of these associations is based upon an examination of the history of the abusive parent. The greater the degree of abuse and neglect experienced by an individual as a child, the greater the likelihood that he/she will grow-up to be an abusive parent or caretaker. This is a reasonable association based on the fact that 30-40 percent of all abusers have abusive backgrounds (Gelles, 1973). It does not mean that all people who grow up in abusive environments are predisposed, or as Vincent Fontana (1971) says, "programmed" to be child abusers. They are not programmed. There is however a tendency, a real propensity, to recreate one's childhood. We tend to find that the cultural attitudes toward violence in this society are associated with violent child rearing practices. The more an individual experiences and supports the use of violence and views it as normal and acceptable, the more likely he or she is to use violence as an adult. The more the adult uses violence, the greater the risk that his or her child will be abused.
2. The second association is found in the relationship between social stress and social class. Abuse can be found in middle and upper-class families as well as in lower-class families. Abuse can be found both in families with high stress and in families with low stress. There tends, however, to be an association in cases where people of low socio-economic status experience a high degree of stress. People in this category tend to exhibit more violent behavior toward their children.
3. Unemployment has been posited as a contributor to child abuse by a number of researchers. There are those who try to negate the association between abuse and unemployment. They substitute a time factor and say that a higher incidence of child abuse among unemployed fathers occurs simply because the fathers spend more time with their children and therefore the children are more vulnerable, more likely to be abused. Despite efforts to explain it away, there does tend to be an association between unemployment and child abuse.
4. The fourth association is found in the relationship between family size and child abuse. I have been studying the severity and frequency of physical violence among 80 families. I ran a multiple regression test on the data and came up with an interesting association. (Multiple regression is an analytical technique which allows you to rank the importance of variables and determine the proportion of the variance explained by any one variable.) I looked at ten factors including parents' age, income, education, occupational prestige, number of children, resources, and family size. The end result was that the factor best able to explain the severity and the frequency of physical violence in childhood is the number of children in the family. The larger the family, the larger the amount of violence used by parents against their children. Many clinical studies of child abuse also tend to find the same type of relationship (Elmer 1967; Gil 1970; Johnson and Morse, 1968).

social isolation has been proposed as a factor related to child abuse. Eli Newburger and his associates (1975) conducted research in a state whose welfare system would not provide payments for telephones. Using a cluster analysis technique, they found that the absence or presence of a telephone was the most important factor in predicting whether or not a parent would be an abuser. We found this to be a rather important finding as a number of people have proposed doing a nation-wide incidence study of child abuse over the telephone. In any case, families lacking continuing relationships outside the family, families high in anomie (e.g. low in social integration) tend to be most the likely families to evidence abusive incidents.

A new association has recently been discussed by Friedrich and Boriskin (1976). They view child abuse in relation to the status, role and nature of the child. Physically or mentally retarded children, developmentally retarded children, colicky children, children who are difficult to toilet train, low birth-weight children, and premature children all tend to be more vulnerable to abuse. In sum, children who pose more stress to parents tend to be more vulnerable to physical violence.

Prescott and McKay (1973), in a related vein, examined the relationship of physical pleasure and the use of violence. The theory is that physical intimacy and closeness tend to be inversely related to child abuse. In other words, the more closeness, tenderness, warmth, touching and feeling there is displayed in a family, the less likelihood there is of child abuse. The best explanation of this relationship is offered by the sequence of events typically found in lower-income working class families. This is an explanation that I just recently discovered through many of my interviews with adolescents.

An adolescent girl from a lower class or blue collar family suddenly reaches puberty and the close, warm relationship she has had with her father ends abruptly. He simply doesn't touch her, he doesn't hug her; in general, he won't deal with her. She becomes a sort of female pariah. Lacking this type of warm, close, physical relationship with a man, she tends to look for it outside the family. If the sociological theories of mate selection are correct, she is typically going to marry someone from the same social strata and of the same social type as her father. Like her father, the man she marries is going to be very reluctant to be warm and intimate and physical with her. He'll be sexual with her but not physically warm and intimate. Spurned twice by important men in her life, she will look for another object with which to be warm and close and physical; she will choose to have a baby. This is like handing a match to someone standing in a pool of gasoline. She immediately finds that a baby is completely incapable of giving to her all the tenderness and intimacy she has missed in her other relationships. She becomes the prototypical child abuser who simply takes out all her pent-up frustrations about her relationships with her father and husband on the least powerful member of the family and thus abuses her child.

Interfamilial violence in general is related to child abuse. Typically, the pattern is that the husband hits the wife and the wife hits the child (we found a correlation of .37 in our research). In addition, my wife (a school counselor) tells me that the child hits the family pet. What we have here is a sequence of power relationships within the family whereby the more powerful members use force and aggression against the less powerful members.

This last association serves as an appropriate introduction to what I will call the "structural theory of family violence." These familial problems can be reduced to five basic propositions.

1. *Violence tends to be a response to particular structural and situational stimuli.* In the interviews we've conducted with violent families, we have found that in some cases, violence was viewed as an irrational act. However, in the majority of cases, violence was viewed as a response to stress, frustration, or threats to an individual's self-concept. People who have vulnerable self-concepts are prone to use violence in response to attacks or perceived (e.g. verbal not physical) attacks against themselves. Particularly stressful situations are those where the husband has less education and occupational prestige than the wife or where the couple comes from different religious traditions. In these situations, the stress may be adapted to through the use of violence.
2. *Stress in our society is differentially distributed in the social structure.* Our culture places a high premium on "good" parenting. However, some families are systematically deprived of the resources necessary, according to cultural standards, to be a good parent. These resources may be economic, educational or social. The deprivation of these resources creates a particular kind of stress. Thus we find that certain families, those with less education, less occupational status, and less income, are subject to more of this kind of structural stress than families who are not systematically deprived of resources.
3. *Exposure to and experience with violence as a child tends to teach the child that violence is an acceptable response to structural and situational stress.* The presentation of role models for violence provides children with a learning experience whereby they learn how to use, rationalize and justify a violent response. In fact, exposure to violent role models can create a preference for violent responses to stimuli over other possible responses such as withdrawal, suicide, drug addiction, or alcoholism. In other words, rather than choose other adaptations to stress, people tend to respond violently because that is how they've been taught to respond.
4. This proposition is a combination of the second and third propositions. *Individuals in different social positions are differentially exposed to both 1) learning situations which emphasize violence and 2) the structural and situational stimuli to which adult violence may be a response.* Fontana (1971) would prefer that we call this programming. However, we see it as a probabilistic model wherein certain people are more likely to be exposed to these situations and stimuli.
5. *Individuals use violence toward family members as a result of learning experiences and structural causal factors which lead to violence* (e.g. unemployment, stress, lack of resources, resource imbalance in the family, etc.).

The title of today's conference asks "Where do we go from here?" I have reviewed several problems of the research to date which indicate how we have arrived "here." I have reviewed currently held associations about child abuse which indicate where we are. In addition, I have several suggestions for the future.

I do not believe that we need more money for child abuse research. The present level of funding is reasonably adequate. What we need is better quality research. If we had better quality research at the current level of funding, somewhere down the line, someone could come to a group like this and say, "We're beginning to understand what causes child abuse." However, it is my opinion, that at this point we are spending a lot of money on a lot of research that has absolutely no hope of answering the question, "What are the causes of child abuse?"

One of my recommendations is that we do research based on representative populations and use control groups, and that we cease depending on caught or at-hand cases. I think we use at-hand cases because it is convenient, we don't want to get our hands too dirty. It's dirty work to go door to door and try to ferret-out the unreported cases. However, it is precisely those unreported cases which are going to provide us with an understanding of what causes child abuse, rather than what causes people to get caught.

I would also recommend that we do research which tests theories. To my knowledge, there are only one or two projects funded by HEW which actually propose to test a specific theory and either verify it or reject it in terms of the cause of child abuse. The majority of research projects underway are clinical gold-mining operations which hope to come up with a nugget after dredging through thousands upon thousands of responses to inappropriately lengthy interview schedules.

We also need research which has the potential to generate theories. If we can't test theories, at least we can attempt to generate them. Too many research endeavors stop at the associational level. They present all the material I've presented today, but do not go on to say what the data means in terms of a theory of child abuse.

I believe we need to devote more effort to estimating the amount of variance which can be explained by proposed independent variables.

Finally, I recommend that we conduct our research about a phenomenon which can be operationalized. I have studied family violence because it can be measured and conceptualized. Child abuse cannot be measured and conceptualized. Child abuse is a political term which was designed to bring attention to an area where children's rights were overlooked. Child abuse is not a specific behavior which can be operationalized and tested. As long as the federal government thinks they can conduct a national incidence study of child abuse, they are doomed to failure.

Child abuse is a nice word to use if you're going to have a conference. It's a nice word to use if you want to convince somebody that you are fundable. But, once you've got the money, forget it. Choose a discrete phenomenon that can be measured and then attempt to explain specific acts of neglect, specific acts of abuse, specific acts against children. This area needs study. It has suffered too long from being over-politicized and under-researched.

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VIOLENCE TOWARDS CHILDREN IN THE UNITED STATES*

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VIOLENCE TOWARDS CHILDREN
IN THE
UNITED STATES*

Last year at the annual meeting of the American Association for the Advancement of Science we proposed that, aside from war and riots, physical aggression occurs between family members more often that it occurs between any other individuals. Our evidence was drawn from numerous sources, including official statistics on murder, assault, and child abuse; national surveys of attitudes towards violence and violent behavior; and small pilot studies. Using this evidence as a basis, we claimed that violence between family members may be at least as common as love (Straus, Gelles, and Steinmetz, 1976).

In the same presentation we noted that these claims were arrived at by piecing together evidence, since no studies had been conducted on violence between family members which used representative samples and which employed measurement techniques which would reduce the major problems of bias inherent in studying a sensitive issue such as violence in the family (Straus, Gelles, and Steinmetz, 1976; Gelles, 1976).

Since that presentation, we have completed a study which examined violence between husbands and wives, parents and children, and siblings in a representative sample of American households.[1] This paper reports on the incidence, modes, and patterns of parent to child violence in the United States.

VIOLENCE TOWARDS CHILDREN: AN OVERVIEW

Despite the considerable attention which has been focused on the issue of child abuse and neglect, and the significant and lengthy discussions concerning the physical punishment of children, valid and reliable data on the incidence and/or prevelance of the use of violence and aggression on children by their parents are almost non-existent. And even the statistics which are available on child abuse and physical punishment do not report on the wide range of violent acts which are neither routine physical punishment nor abusive. The wide range of acts between spankings and grievious assault have largely gone unnoticed and unresearched by social scientists.

The data which are available are often flawed by conceptual, definitional, sampling, and measurement problems. Moreover, the available statistics are usually general estimates of incidence which do not give even the crudest breakdown by age or sex of the child or demographic characteristics of the parents. Nevertheless, the figures on violence and aggression between parents and children do shed some light on the scope of the phenomenon.

Physical Punishment

Perhaps the best and most complete research on the use of physical force in the family are the studies of physical punishment by parents. Various investigations indicate that between 84 and 97 percent of all parents use physical punishment at some point in the child's life (Blumberg, 1964-1965; Erlanger, 1974; Bronfenbrenner, 1958; Stark and McEvoy, 1970). Nevertheless even these statistics fall short, in that they can not be used to derive age specific rates; they are incomparable since some studies focus on the approval of using punishment rather than actual behavior; and others are based on non-representative clinical samples or specialized populations. Thus, while we can conclude that the physical punishment of children is extremely common, we have no estimate of the yearly incidence nor the age specific rates of this phenomenon. In addition, studies which focus on physical punishment allow little insight into the exact nature of behavior--in other words, what specific acts take place?

Child Abuse

An extensive variety of techniques have been employed to generate a wide range of estimates of the incidence of child abuse in the United States. Researchers have utilized official statistics, official clearinghouse data, household interviews, interviews of neighbors and informants, interviews with professionals in community agencies, and statistical projections to produce estimates of abuse which range from thousands of children abused per year to millions.

Official Statistics. During the late 1960's all fifty states enacted legislation which mandated reporting of child abuse and neglect cases. This legislation led to the establishment of some state clearinghouses which gathered official reports of child abuse and neglect. A survey of the official statistics on confirmed cases of physical child abuse which was conducted by Gil in 1968 yielded a figure of 6,000 abused children (Gil, 1970). The Children's Division of the American Humane (Association) operated a Clearinghouse for child abuse and neglect reports beginning in 1974. Based on data supplied by 29 states, the Clearinghouse documented 35,642 cases of reported child abuse in 1974 (from "Highlights of 1974 National Data"-National Clearinghouse on Child Neglect and Abuse/ American Humane Association).

It is obvious that the data derived from official statistics are not ammenable to estimating a national incidence of physical child abuse. First, official data, such as those provided by the American Humane (Association), do not draw from all states and localities. In 1974 only 29 states supplied information to the National Clearinghouse on Child Neglect and Abuse. Secondly, the Clearinghouse data does not use a uniform definition of abuse; rather, each state and locality constructs and uses their own definitions based on state law and professional "rules of thumb". Thirdly, cases recorded by official agencies represent reported cases only, as such, can be treated as the tip of the child abuse iceberg, not the entire incidence picture.

Thus, the extent of child abuse and physical violence indicated by official statistics is inadequate and often uninterpretable due to varying definitions and rules of recording cases.

Household Surveys. Standing in contrast to official statistics are the data on physical violence and abuse derived from household surveys. Gil surveyed public attitudes, knowledge, and opinions of child abuse in conjunction with the National Opinion Research Corporation in 1965. Of a nationally representative sample of 1520 individuals surveyed, 45, or 3% of the sample, reported knowledge of 48 different incidents of child abuse. Extrapolating to a national population of 110 million, Gil estimated that there were between 2.53 and 4.07 million adults throughout the United States who knew families involved in incidents of child abuse in the previous year, or between 13.3 to 21.4 incidents per 1,000 persons (Gil, 1970: 60). Light, by applying corrective adjustments to Gil's data and considering possible overlap of public knowledge of incidents, estimates that Gil's data indicate approximately 500,000 abused children in the United States during the survey year (1974).

Survey of Community Agencies. As indicated earlier, a major drawback in trying to interpret official statistics on child abuse is that the official records contain only reported cases. There may be numerous cases which come to the attention of doctors, social workers, and school teachers which are never reported to official agencies and which never get forwarded for inclusion in clearinghouse data and official statistics. Nagi attempted to compensate for the shortcomings of official statistics by surveying a national sample of community agencies and agency personnel (Nagi, 1975). Nagi drew a probability sample of housing units and then listed social and community agencies which provided services for those homes. These agencies were then surveyed. However, the final estimate of child abuse which was arrived at was based on an extrapolation from reporting rates which would be expected on a national basis using the presumed "full reporting rates" found in Florida. Nagi's estimate of child abuse is that 167,500 cases are reported annually while an additional 91,000 cases are not reported (Nagi, 1975: 18).

Statistical Projection. The last technique of estimating national incidence figures for physical abuse are statistical projections from at-hand clinical cases, hospital cases, local or regional reporting statistics, or estimates generated from a sample of state reporting data. The range of these statistics is quite wide--DeFrancis estimates that between 30,000 to 40,000 instances of "truly battered children" occur each year (Hearings of the Subcommittee on Children and Youth, of the Committee on Labor and Public Welfare, United States Senate, 92nd Congress, on S.1191, Child Abuse Prevention Act, 1973, p.293). Fontana proposes that there may be as many as 1.5 million cases of child abuse each year (1973), while Kempe sets the figure at close to 60,000 cases (1971). Cohen and Sussman (1975) use data on reported child abuse from the 10 most populous states and project 41,104 confirmed cases of child abuse for 1973. They go on, however, to conclude that:

> "the only conclusion which can be made fairly is that information indicating the incidence of child abuse in the United States simply does not exist."(Cohen and Sussman, 1975: 14)

Summary. It is evident that the conclusion made by Cohen and Sussman is the most accurate evaluation of the available data on the incidence of child abuse. Most of the projections can be regarded as simple "educated guesses". The information gleaned from official statistics must be qualified by the fact that they represent only "caught" cases of abuse which become cases through varied reporting and confirmation procedures (Gelles, 1975). In addition, information on "child abuse" is difficult to interpret because the term "child abuse" is as much a political concept, designed to draw attention to a social problem, as it is a scientific concept which can be used to measure a specific phenomenon. In other words, child abuse can be broadly and loosely defined in order to magnify concern about this social problem. While some social scientists use the term to cover a wide spectrum of phenomenon which hinder the proper development of a child's potential (see for example: Gil, 1975), others use the term to focus attention on the specific case of severely physically injured children (see for example: Kempe et. al., 1962, and the discussion of the "battered baby syndrome").

The lack of valid and reliable data on the incidence of child abuse in the United States led to the inclusion of a clause in the Child Abuse Prevention and Treatment Act of 1974 (PL-93-237) calling for a full and complete study on the incidence of child abuse and neglect. Such a study has already been contracted by the National Center of Child Abuse and Neglect. As an indication of the major problems which arise when one tries to measure the abuse and neglect of children, the contracted study has moved into the second quarter of its two year existence and no decisions have been made on appropriate definitions of abuse or what research design should be employed in the study.

A Note on Trend Data. It should be pointed out that the problems involved in estimating the incidence of child abuse make the task of interpreting trend data almost hopeless. First, it is impossible to determine if rates of reported abuse are rising due to an actual increase in the true rate of abuse or due to increased sensitivity on the part of professionals who see children and families. Secondly, the constant change in the definition of abuse and the constant revisions of state child abuse and neglect laws, tend to broaden the definition of child abuse. This means that more families and children are vulnerable to being identified as abusers and abused.

Deaths of Children Caused by Violence and Abuse

The definitional and methodological problems inherent in studying the incidence of child abuse make it understandable why no reliable statistics exist. One would not, however, expect to find the same problem in determining how many children die each year as a consequence of parental violence or abuse. The fact that a death mandates official attention, in that a body must be attended to and reports must be filled out, should make it relatively easy to fix the mortality rate of children killed by their caretakers. Such is not the case. The statistics on how many children die as a result of caretaker inflicted abuse or violence are almost as variable as estimates of the incidence of child abuse. Fontana provides a conservative estimate of 700 children killed each year by their parents or guardians (1973). Helfer, testifying before the Senate Subcommittee on Children and Youth, projected 5,000 deaths a year over the next 10 years if steps are not taken to correct the situation (Hearings before the Subcommittee on Children and Youth, 1973: 254). PEDIATRIC NEWS reported that one child dies each day from child abuse--thus producing a yearly incidence of 365 (1975). Gil cited data from the U.S. Public Health Service which reported 686 children under age 15 died from homicide in 1967 (1970).

It is evident that there are not yet standard procedures of investigating the deaths of children nor are there standard procedures for recording such deaths as consequences of violence or abuse. Thus, the extent of the most serious facet of physical violence towards children is unknown.

The Need for a Study of Parental Violence

It was after evaluating the available evidence on the extent of force and violence between parents and children that we embarked on a national study of parental and family violence. While physical punishment of children appeared to be almost a universal aspect of parent-child relations, and while child abuse seemed to be a major social problem, we know very little about the modes and patterns of violence towards children in our society. We know almost nothing about the kinds of force and violence children experience. Are mothers more likely to hit their children than fathers? Who employs the most serious forms of violence? Which age group is most vulneralbe to being spanked, slapped, hit with a fist, or "beat up" by their parents? Although answers to these questions will not completely fill in the gaps in our knowledge about child abuse, we see the information we generate in this study as providing an important insight into the extent of force and violence children experience and how many children there are who are vulneralbe to injury from serious violence.

METHODS[2]

One of the most difficult techniques of studying the extent of parental violence is to employ a household interview which involves the self-reporting of violent acts. Although this technique is difficult and creates the problem of underreporting, we felt that because of the shortcomings of previous research on child abuse (Gelles, 1976), this was the only viable research design which we could employ to assess the extent and causes of intra-family violence.

Sample and Procedures

The Response Analysis[3] national probability sample was used for this study. A national sample of 103 primary areas (counties, or groups of counties) stratified by geographic region, type of community, and other population characteristics was generated. Within these primary areas, 300 interviewing locations (census districts or block groups) were selected. Each location was divided into 10 to 25 housing units by the trained interviewers. Sample segments from each interviewing location were selected, and the last step involved randomly selecting an eligible person to be interviewed in each designated household.

Eligible families consisted of a couple who identified themselves as married or being a "couple" (Man and woman living together in a conjugal unit). A random procedure was used so that the sample would be approximately half male and half female.

The final national probability sample produced 2,143 completed interviews.[4] Interviews were conducted with 960 men and 1,183 women. In each family where there was at least one child living at home between the ages of 3 and 17, a "referent child" was selected using a random procedure. Of the 2,143 families interviewed, 1,146 had children between the ages of 3 and 17 living at home. Our data on parent to child violence are based on the analysis of these 1,146 parent-child relationships.

The interviews were conducted between January and April, 1976. The interview protocol was designed to take approximately 60 minutes to complete. The questions on parent to child violence were one part of an extensive protocol designed to measure the extent of family violence and the factors associated with violence between family members.

The final sample of 2,143 families appears to be extremely representative in terms of major demographic attributes of American families.

Violence: Defined and Operationalized

For the purposes of this study, violence is nominally defined as "an act carried out with the intention of, or perceived intention of, physically injuring another person". The "physical hurt" can range from slight pain, as in a slap, to murder. The basis for the "intent to hurt" may range from a concern for a child's safety (as when a child is spanked for going into the street) to hostility so intense that the death of the other is desired (Gelles and Straus, 1977).

We have chosen to label our dependent variable "violence" for a number of reasons--some scientific and others political. From a scientific point of view, a number of possible concepts could apply to the phenomenon we are studying. We could have chosen to examine "aggression"; however, aggression is a more general concept than violence and involves any malevolent act which brings about psychological injury, material deprivation, physical pain, or physical damage. A possible alternative would have been to define our phenomenon as "physical aggression ". A second consideration is that many of the acts we will call "violent" are considered acceptable forms of corporal punishment. Thus, we could have opted for the term "force" which does not have the deviant connotation attached to it as does "violence". Using the term "force" however, would tend to minimize the impact and possible harm of the behavior we are studying. Quite simply, we want to draw attention to the issue of people hitting one another in families, and we have chosen to define this behavior as "violent" in order to raise controversy and call the behavior into question. In addition, our previous research (Gelles,1974) indicated that almost all acts, from spankings to murder, could somehow be justified and neutralized by someone as being in the best interests of the victim. Indeed, one thing which influenced our final choice of a concept was the fact that acts parents carry out on their children in the name of corporal punishment or acceptable force, could, if they were done to strangers or adults, be considered chargable assault.

Violence was operationalized in the national study of family violence through the use of a scale titled the "Conflict Resolution Technique-(CRT)". This technique was first developed at the University of New Hampshire in 1971 and has been used and modified extensively over the next five years in numerous studies of family violence (see for example: Allen and Straus, 1975; Bulcroft and Straus, 1975; Straus, 1974). The Conflict Resolution Technique Scales were designed to measure intrafamily conflict in the sense of the means used to resolve conflicts of interest

(Straus, 1976, 1976:4). The Conflict Resolution Technique contains three groups of conflict resolution items: (1) the use of rational discussion and argument; (2) the use of verbal and non-verbal expressions of hostility--such as acts which symbolically hurt the other or threats to hurt the other; and, (3) the use of physical force or violence as a means of resolving the conflict. The final scale contains 18 items, 8 of which involve the use of force or violence.

Figure 1 About Here

The administration of the Conflict Resolution Technique involves presenting the subjects with the list of the 18 items and asking them to indicate what they (the subjects) did when they had a disagreement with the referent child in the past year and in the course of their relationship.

Reliability and Validity. The reliability and validity of the Conflict Resolution Technique has been assessed over the five year period of its development and modification. Pretests on more than 300 college students indicate that the indices have an adequate level of internal consistency reliability (Straus, 1976:11). Bulcroft and Straus (1975) provide evidence of concurrent validity. In addition, evidence of "construct validity" exists in that data compiled in the pretests of the scale are in accord with previous empirical findings and theories (Straus, 1976: 13).

57. Parents and children use many different ways of trying to settle differences between them. I'm going to read a list of some things that you and (CHILD) might have done when you had a dispute. Still using Card A, I would like you to tell me how often you did it with (CHILD) in the last year.

	Q. 57								Q. 58			Q. 59								
	RESPONDENT								EVER HAPPENED			CHILD								
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	
a. Discussed the issue calmly	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	421-23
b. Got information to back up (your/his or her) side of things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	424-26
c. Brought in or tried to bring in someone to help settle things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	427-29
d. Insulted or swore at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	430-32
e. Sulked and/or refused to talk about it	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	433-35
f. Stomped out of the room or house (or yard)	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	436-38
g. Cried	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	439-41
h. Did or said something to spite the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	442-44
i. Threatened to hit or throw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	445-47
j. Threw or smashed or hit or kicked something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	448-50
k. Threw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	451-53
l. Pushed, grabbed, or shoved the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	454-56
m. Slapped or spanked the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	457-59
n. Kicked, bit, or hit with a fist	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	460-62
o. Hit or tried to hit with something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	463-65
p. Beat up the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	466-68
q. Threatened with a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	469-71
r. Used a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	472-74
s. Other (CODE): ________	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X	475-77

FOR EACH ITEM CIRCLED AS "NEVER" OR "DON'T KNOW" ON Q. 57, ASK:

58. When you and (CHILD) have had a disagreement, have you *ever* (ITEM)?

ASK EVERYONE:

59. Now, let's talk about (CHILD). Tell me how often in the past year when you had a disagreement (he/she) (FIRST ITEM CIRCLED). (RECORD ABOVE)

TAKE BACK CARD A

FIGURE 1

Advantages and Disadvantages of the Violence Scale. An advantage of the violence scale, aside from previous evidence of its reliability, "concurrent" validity, and "construct" validity, is that the mode of administration increased the likelihood of the interviewer establishing rapport with the subject. The force and violence items came at the end of the list of conflict resolution items. Presumably, this enhanced the likelihood that the subject would become committed to the interview and continue answering questions. Our analysis of the responses to the items indicates that there was no noticable drop in the completion rate of items as the list moved from the rational scale questions to the most violent modes of conflict resolution.

Two disadvantages of the scale are: (1) it focuses on conflict situations and does not allow for the measurement of the use of violence in situations where there was no "conflict of interest". Secondly, the scale deals with the commission of acts only. We have no idea of what the consequences of those acts were. Thus, we have only a limited basis of projecting these statistics to the extent of the phenomenon "child abuse", since child abuse normally is thought to be an act which has some injurious consequences for a child. While we may learn that a parent used a gun or a knife, and we can presume that this has negative consequences for the child, even if he or she was not injured; we do not know what the actual consequences were.

RESULTS

As we proposed at the outset of this paper, "ordinary" physical punishment and "child abuse" are but two ends of a single continuum of violence towards children. In between are millions of parents whose use of physical force goes beyond mild punishment, but which, for various reasons does not get identified and labeled as child abuse.

Sixty-three percent of the respondents who had children between the ages of 3 and 17 living at home mentioned at least one violent episode during the survey year.[5] The proportion of our sample reporting at least one violent occurrence in the course of raising the child was 73 percent.

As expected, the milder forms of violence were more common. Slaps or spankings were mentioned by 58 percent of the respondents as having occurred in the previous year and by 71 percent of the parents as having ever taken place. Forty-one percent of the parents admitted pushing or shoving the referent child in 1975; while forty-six percent said pushes or shoves had ever occurred. Hitting with something was reported by 13 percent of the parents for the last year and by 20 percent for the duration of their raising the referent child. Throwing an object was less

Table 1 About Here

TABLE 1

TYPES OF PARENT TO CHILD VIOLENCE

	OCCURRED IN PAST YEAR				PERCENT EVER
	Once	Twice	More Than Twice	Total	OCCURRED
Throw Something (n=1142)	1.3%	1.8%	2.3%	5.4%	9.6%
Pushed, Grabbed, or Shoved (n=1146)	4.3%	9.0%	27.2%	40.5%	46.4%
Slapped or Spanked (n=1145)	5.2%	9.4%	43.6%	58.2%	71.0%
Kicked, Bit, or Hit with Fist (n=1143)	.7%	.8%	1.7%	3.2%	7.7%
Hit with Something (n=1145)	1.0%	2.6%	9.8%	13.4%	20.0%
Beat Up (n=1140)	.4%	.3%	.6%	1.3%	4.2%
Threatened with Knife or Gun (n=1144)	.1%	0%	0%	.1%	2.8%
Used a Knife or Gun (n=1142)	.1%	0%	0%	.1%	2.9%

common--approximately 5 percent of the parents did this in the survey year while more than 9 percent had ever thrown something at their referent child.

The more dangerous types of violence were the least frequent. However, extrapolating the data to the population of children 3 to 17 years of age living with both parents produces an astoundingly large number of children who were kicked, bit, punched ,beat up, threatened with a gun or a knife, or had a gun or a knife actually used on them. First, looking at the number of parents who reported each type of violence, approximately 3 percent of the parents reported kicking, biting, or hitting the referent child with a fist in 1975; while nearly 8 percent stated that these acts had occurred at some point in the raising of the child. Slightly more than 1 percent of the respondents reported "beating up" the randomly selected referent child in the last year and 4 percent stated that they had ever done this.[6] One-tenth of 1 percent, or one in a thousand parents admitted to threatening their child with a gun or a knife in 1975, while nearly 3 parents in 100 said they had ever threatened their child with such weapons. The same statistics were found for parents admitting actually using a gun or a knife--.1 percent for the year, almost 3 percent ever.[7]

One can extrapolate these frequencies to estimate how many children were victims of these serious modes of violence in 1975 and how many ever faced these types of violence.[8] There were nearly 46 million children between the ages of 3 and 17 years old who lived with both parents in 1975 (Bureau of the Census, 1975). Of these children between 3.[illegible] and 4 million have ever been kicked, bit, or punched; while between 1 and 1.9 million were kicked, bit, or punched in 1975. Between 1.4 and 2.3 million children have been "beat up" while growing up, and between 275,000 and 3/4 of a million 3 to 17 year olds were "beat up" in 1975. Lastly, our data means that between 900,000 and 1.8 million American children, between the ages of 3 and 17 have ever had their parents use a gun or a knife on them. Our figures do not allow for a reliable extrapolation of how many children faced parents using guns and knives in 1975, but our estimate would be something close to 46,000 children (based on an incidence of 1 in 1,000 children).

An examination of the data on violence used on children in 1975 indicates that violence typically is a phenomenon that is a pattern of parent-child relations rather than a one or two time event. Only in the case of using a gun or knife was the violent episode likely to be a one-time affair. While it is generally accepted that slaps, spankings, and shoves are frequently used techniques of child rearing, we find that even bites, kicks, punches, and using objects to hit children occur frequently in the families where they are employed.

Children at Risk

As we stated earlier, our examination of violent acts without information on the consequences of those acts prevents us from accurately estimating how many children incurred physical harm from violence during any one year. Our problem is compounded by the fact that we rely on the subject's own definition of what is meant by "beating up" a child. In addition, we do not know what objects were used to hit the child (a pipe or a paddle?); and, we do not know how the guns or knives were deployed. Nevertheless, we felt it was important to generate an estimate of children-at-risk. We chose to compile an "at-risk" index which combined the items we felt produced the highest probability of injuring of damaging the child (kicked, bit, or hit with a fist; hit with something; beat up; threatened with a knife or a gun; used a knife or a gun). Using this index, we found that 3.6 percent of the parents admitted to using at least one of these modes of violence at least once in 1975. Assuming the acts we indexed have a high potential of causing harm to the intended victim, between 1.4 million to 1.9 million children were vulnerable to physical injury from violence in 1975.

A Note on the Incidence Data and Extrapolations

The data on the incidence of physical violence between parents and children and the extrapolations which produced estimates of the number of children who experienced violence and who are at risk of physical injury ought to be considered low estimates of violence towards children. These figures represent a low estimate of violence for a number of reasons. First, we are dealing with self-reports of violence. Although the subjects responding that they spanked or slapped their children may be a good estimate of how many people actually carried out these acts, we believe that the desire to give socially desired responses caused many people to underreport the more serious modes of violence. If one subject in a thousand answered that they used a gun or knife, it might be reasonable to assume that at least another one in a thousand used these weapons and did not admit to it in the interview. Secondly, we interviewed only "intact" families where both adult males and females were in the household. Thus, our data are representative of two parent families. If, as some believe, parental violence is more common in single parent families, than our data underestimate the number of children experiencing potentially damaging acts from their parents. Lastly, our lower than expected response rate might mean that some high violent families may have refused to be interviewed. If this is the case (and we as yet do not know if it is), our incidence statistics might again be low estimates of violence towards children.

As a result of the sampling frame used and the methodological problems involved in using self-reports of violence, we see our statistics, although they may seem high to some, as being quite conservative and low estimates of the true level of violence towards children in the United States.

Violence Toward Children by Sex of Parent

Sixty-eight percent of the mothers and 58 percent of the fathers in our sample reported at least one violent act towards their child during the survey year. Seventy-six percent of the mothers and 71 percent of the fathers indicated at least one violent episode in the course of rearing their referent child. Our data on violence in the survey year indicate a small but significant difference between mothers and fathers using violence on their children. It has been frequently argued that mothers are more prone to use violence because they spend more time with their children. We hypothesize that the explanation for mothers' greater likelihood of using violence goes beyond the simple justification that they spend more time with the children. Our future analyses of the information gathered in our survey of violence in the family will examine this relationship from a number of points of view, including family power, coping ability, resources, and personality traits.

TABLE 2 and 3 ABOUT HERE

Examining the relationship between sex of the parent and various modes of violence used on children in the survey year and during the duration of the parent-child relationship, we find that for both the survey year and the duration of the relationship, mothers are more likely to throw something at the child, slap or spank the child, or hit the child with something. There are no significant differences between mothers and fathers for any of the other forms of violence. It is interesting to note that even for the most serious forms of violence, such as beating up; kicking, biting, or punching; or, using guns or knives, men and women are approximately equal in their disposition to use these modes of violence on their children. This is important because this is one of the only situations where women

TABLE 2

PARENT TO CHILD VIOLENCE IN PREVIOUS YEAR BY SEX OF PARENT

	PERCENT USED MODE OF VIOLENCE				
	Father		Mother		
Threw Something	3.6%	(521)	6.8%	(621)	*
Pushed, Grabbed, or Shoved	29.8%	(523)	33.4%	(623)	
Slapped or Spanked	53.3%	(522)	62.5%	(621)	**
Kicked, Bit, or Hit with Fist	2.5%	(520)	4.0%	(623)	
Hit with Something	9.4%	(523)	16.7%	(622)	**
Beat Up	.6%	(521)	1.8%	(619)	
Threatened with Knife or Gun	.2%	(522)	0%	(622)	
Used a Knife or Gun	.2%	(520)	0%	(622)	

* x^2 & .05

** x^2 & .01

TABLE 5

PARENT TO CHILD VIOLENCE EVER BY SEX OF CHILD

	PERCENT EVER USED MODE OF VIOLENCE				
	Sons		Daughters		
Threw Something	10.8%	(474)	8.0%	(435)	
Pushed, Grabbed, or Shoved	43.5%	(476)	30.7%	(436)	**
Slapped or Spanked	75.2%	(476)	66.9%	(435)	**
Kicked, Bit, or Hit with Fist	8.2%	(474)	6.2%	(435)	
Hit with Something	21.9%	(475)	17.7%	(436)	
Beat Up	4.7%	(473)	3.2%	(436)	
Threatened with Knife or Gun	2.5%	(474)	2.5%	(436)	
Used a Knife or Gun	2.7%	(473)	2.5%	(435)	

* x^2 ≤ .05

** x^2 ≤ .01

TABLE 4

PARENT TO CHILD VIOLENCE IN PREVIOUS YEAR BY SEX OF CHILD

	PERCENT USED MODE OF VIOLENCE			
	Sons		Daughters	
Threw Something	6.5%	(474)	4.4%	(435)
Pushed, Grabbed, or Shoved	38.0%	(476)	25.0%	(436) **
Slapped or Spanked	61.9%	(478)	55.9%	(435)
Kicked, Bit, or Hit with Fist	4.0%	(474)	2.5%	(435)
Hit with Something	16.0%	(475)	11.0%	(436)
Beat Up	1.9%	(473)	.7%	(434)
Threatened with Knife or Gun	.2%	(474)	0%	(436)
Used a Knife or Gun	.2%	(473)	0%	(435)

* $x^2 \leq .05$

** $x^2 \leq .01$

TABLE 3

PARENT TO CHILD VIOLENCE EVER BY SEX OF PARENT

	PERCENT EVER USED MODE OF VIOLENCE			
	Father		Mother	
Threw Something	7.5%	(521)	11.3%	(621) *
Pushed, Grabbed, or Shoved	35.6%	(523)	39.5%	(623)
Slapped or Spanked	67.7%	(523)	73.6%	(622) *
Kicked, Bit, or Hit with a Fist	6.7%	(520)	8.7%	(623)
Hit with Something	15.7%	(523)	23.6%	(622) **
Beat Up	4.0%	(521)	4.2%	(619)
Threatened with Knife or Gun	3.1%	(522)	2.6%	(622)
Used a Knife or Gun	3.1%	(520)	2.7%	(622)

* $x^2 < .05$

** $x^2 \leq .01$

are as likely as men to be violent.

Violence Towards Children by Sex of the Child

While females are more likely to be the users of violence in parent-child relations, it is the male children who are the most frequent victims. Sixty-six percent of the sons and 60 percent of the daughters were struck at least once in the survey year ($x^2 \leq .05$), while 77 percent of the male children and 69 percent of the females were ever hit by their parents ($x^2 \leq .05$).

Why sons are more prone to have violence used on them then daughters is open for debate. Some might argue that boys are more difficult to raise and commit more "punishable offenses" then daughters. Another hypothesis is that our society accepts and often values boys experiencing violence because it serves to "toughen them up". The data from the 1968 National Commission on the Causes and Prevention of Violence Survey seem to bear this out in that seven in ten people interviewed believed that it was good for a boy to have a few fist fights while he was growing up (Stark and McEvoy, 1970). Thus, experiencing violence might be considered part of the socialization process for boys and a less important "character " builder for girls (Straus, 1971: 660).

TABLES 4 and 5 ABOUT HERE

Data on violence in the survey year shows that the only significant difference between boys and girls was whether they were pushed, grabbed, or shoved. The other forms of violence showed no significant differences between the sexes. In the course of growing up, boys are more likely to be pushed, grabbed, shoved, spanked, or slapped.

Violence Towards Children by Age of the Child

The literature on physical punishment and abuse of children presents various hypotheses and findings on the relationship between age and being punished or abused. A number of researchers and clinicians propose that the most dangerous period in a child's life is from three months to three years of age (Kempe, 1962; Fontana, 1973; Galdston, 1965). Bronfenbrenner proposes that the highest rates of child abuse and battering occurs among adolescents (1974). Gil discovered that half of the confirmed cases of child abuse were children over six years of age, while nearly one-fifth of the confirmed reports were children in their teens (1970).

Our survey excluded parent relations with children three years of age or younger since we also studied child to parent violence in the interview. Thus, our data cannot be used to infer the rate of violence used on infants.

During the survey year younger children were most likely to be victims of some form of physical force. Eighty-three percent of the three and four year olds had some mode of force used on them in 1975; 82 percent of the children five to nine had been hit, 66 percent of pre-teens and early teenage children (10 to 14 years of age) were struck, and 34 percent of the referent children 15 to 17 years old were hit by their parents ($x^2 \leq .01$).

TABLE 6 ABOUT HERE

It appears that younger children are vulnerable to a wide range of forceful and violent acts. Pre-schoolers and children under 9 years old were more likely to be pushed, grabbed, shoved, slapped, spanked, kicked, bit, hit with a fist, and hit with an object. The older children seemed more vulnerable to the severest types of violence including being beat up and having a gun or a knife used on them; although, the differences are not statistically significant.

Again, there are a number of reasons why younger children are more frequent victims of parental violence. Parents may perceive difficulties in using reason to punish their younger children. A second reason might be that younger children interfere with their parents' activities more than older children. Our future analyses of the data will focus on the factors associated with young children's susceptability to being struck.

TABLE 6

PARENT TO CHILD VIOLENCE IN PREVIOUS YEAR BY AGE OF CHILD

	PERCENT USED MODE OF VIOLENCE								
	3-4 yrs		5-9 yrs		10-14 yrs		15-17 yrs		
Threw Something	4.4%	(136)	7.4%	(283)	3.7%	(298)	6.3%	(190)	
Pushed, Grabbed, or Shoved	39.0%	(136)	39.2%	(283)	28.7%	(300)	20.9%	(191)	**
Slapped or Spanked	82.2%	(135)	80.6%	(283)	50.7%	(300)	23.7%	(190)	**
Kicked, Bit, or Hit with Fist	7.4%	(136)	2.5%	(281)	2.3%	(299)	3.1%	(191)	*
Hit with Something	20.6%	(136)	21.1%	(284)	10.0%	(299)	4.7%	(190)	**
Beat Up	1.5%	(134)	.7%	(282)	1.3%	(300)	2.1%	(189)	
Threatened with Knife or Gun	0%	(136)	0%	(282)	.3%	(300)	0%	(190)	
Used a Knife or Gun	0%	(136)	0%	(282)	.3%	(298)	0%	(190)	

* $x^2 \le .05$

** $x^2 \le .01$

DISCUSSION AND CONCLUSIONS

These data on the incidence of parent to child violence only begin to scratch the surface of this very important topic. Our results indicate that violence towards children involves acts that go well beyond ordinary physical punishment and is an extensive and patterened phenomenon in parent-child relations. In addition, we see that mothers are the most likely users of violence while sons and younger children are the more common victims.

A number of controversial points arise from our presentation. First, disagreement over our nominal and operational definitions of violence may lead some to disagree with our conclusion that violence is widespread in families. If someone views slaps and spankings as acceptable punishment, then they might dispute our statistics as being based on a too broadly constructed definition of violence. Although we believe there are many salient reasons for considering spankings and slaps violent, we would counter this argument by pointing to the statistics for beating up children or using a gun or a knife on a child. If a million or more children had guns or knives used on them in school, we would consider that a problem of epidemic proportions. The fact that these acts occur in the home tends to lessen concern about the impact and consequences. However, the impact and consequences are potentially dramatic, since the child is experiencing violence from those who claim love and affection for him.

A second point which will be raised about our findings is the question of bias and whether our respondents actually told the truth. We have spent seven years of developing and testing the instruments used in this study. However, we do not know the actual validity of our findings or whether our subjects "told the truth". Our assessment of the biases the problems of studying family violence is that the major bias is likely to be one of underreporting. We doubt that many subjects will report beating up their children or using a gun or a knife on them they did not. Thus, our statistics are probably underestimates of the true level of parent-child violence in the United States. If one considers the possibility that for every subject who admitted using a knife or a gun, that an additional subject used these weapons but did not admit it, then our estimate of risk could be doubled to produce a true estimate of risk of physical violence.

Another issue which will be pursued after examining our data, and an issue which we will pursue in later analyses, is the fact that people actually admitted using severe and dangerous forms of physical violence. Our tentative explanation of this is that many of our subjects did not consider kicking, biting, punching, beating up, shooting, or stabbing their children deviant. In other words, they may have admitted to these acts because they felt they were acceptable or tolerable ways of bringing up children. Thus, it may be that one major factor which porduces the high level of parent-child violence we have found is the normative acceptability of hitting one's children.

Despite the methodological problems, the fact that this is the first survey of parent-to-child violence based on a true cross-section of American families means that the data presented here are closer to describing the real situation of violence towards children in America than anything available up until now.

FOOTNOTES

*Paper read at the meetings of the American Association for the Advancement of Science, Denver, February 25, 1977. This paper is part of a research program on intrafamily violence supported by grants from the National Institute of Mental Health (MH27557) and the National Center of Child Abuse and Neglect/Office of Child Development 90-C-425.

1. The results of this research will be presented in the forthcoming book, VIOLENCE IN [illegible]RICAN FAMILY, by Murray A. Straus, Richard J. Gelles and Suzanne K. Steinmetz.
2. A complete methodological report will appear in VIOLENCE IN THE AMERICAN FAMILY.
3. Response Analysis Corporation, of Princeton, New Jersey, was contracted to carry out the household survey.
4. The completion rate for the entire sample was 65%. This rate is somewhat lower than we expected despite intensive efforts on the part of the contractor to increase the completion rate through call backs, letters, and monetary incentives. The completion rate varied from a low of 60.0% for metropolitan areas to a high of 72.3% for nonmetropolitan areas. Due to differential response rates by sex and location, the extrapolations and incidence estimates presented in this paper will later be modified using a weighting procedure. Thus, the results we present will be slightly altered in the final presentation of the data.
5. Since the field work began in January, 1976 and since we asked for information concerning the "previous year", the survey year can be thought to be 1975.
6. The term "beating up" was defined for the respondents by its placement in the list of CRT violence items. Specifically it came after the items dealing with kicking, biting, hitting with a fist, and hitting with an object, and before the items dealing with a knife or gun. Thus, it's something more than just a single blow, but the precise meaning of the term undoubtedly varied from respondent to respondent.
7. Again, we do not know exactly what is meant by "using a gun or a knife". In the case of the knife it could mean the parent threw the knife at the child or actually stabbed or attempted to stab the child. The gun could have been fired without the child being wounded. However, the fact is that the parents admitted employing the weapon, not just using it as a threat.

8. We have extrapolated to number of children rather than number of families or parents because our data collection involved the investigation of parental use of violence on a referent child. Since we focused on only one of a possible number of parent-child relations in the family, we do not know the full extent of the respondent's use of violence on all the children, nor do we know the total extent of parent to child violence in the family. In addition, we extrapolated to children in the population because the procedures used to select families and referent children have presumably yielded a random sample of children between 3 and 17 years old who lived with both parents in 1975.

9. We did examine the relationship between age and violence for the duration of the parent-child relationship and found the same general findings--younger children were more likely to be struck. However, this finding probably indicates the fact that parents with older referent children had more trouble recalling violent episodes earlier in the child's life. Thus, we have opted not to attribute any meaning to this finding other than that it probably is a result of recall rather than a true measure of violence ever occurring.

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METHODS FOR STUDYING SENSITIVE FAMILY TOPICS*

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METHODS FOR STUDYING SENSITIVE FAMILY TOPICS

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ABSTRACT

Investigators of taboo or sensitive topics in the area of human relations tend to encounter similar problems. If the focus of the research is on an issue which is illegal (e.g. career study of professional gunmen, homosexual encounters in public places), or embarrassing (sexual behavior), or sensitive (suicide or death), researchers typically find it difficult to locate subjects for their research, to establish rapport with the subjects in order to collect data, and to collect valid and reliable data on the topic. The problems encountered by students of family relations who wish to study sensitive or taboo topics are compounded by the very nature of the family as a social institution and social group. Because the family is a private institution (Aries, 1962; Laslett, 1973), most family behavior occurs in settings where researchers cannot make observations. In addition, the private nature of the family often makes family members reluctant to talk about events which occur in their families. Finally, numerous behaviors may take place in families which are illegal or embarrassing to talk about to a non-family member. Privacy and intimacy in the family serve as major roadblocks which confront researchers who are interested in examining sensitive issues such as child abuse, child neglect, incest, sexual abuse of children, sexual behavior between family members, homosexuality, rape (marital rape), coerced sexual relations or sexual behavior which one partner finds repulsive, or other delicate issues.

This paper examines the major problems which confront researchers who wish to study sensitive topics in family relations. The major obstacles typically encountered are 1) locating subjects; 2) getting cooperation; and 3) obtaining valid and reliable data. A second section of the paper discusses methods of overcoming these obstacles. One subsection lists and discusses sampling techniques which have been proposed and/or implemented to study such "taboo" topics as sexual behavior, homosexuality, family violence, and child abuse. The next subsection discusses methods of data collection. Standard methods such as observations and interviews tend to require considerable work if researchers are to get the cooperation of the subjects. Techniques such as the funneling technique, the random response technique, projective techniques, and experimental designs are reviewed in this section. The last subsection examines problems of validity and reliability. This section reports on procedures which have been designed to validate data collected on sensitive topics and also discusses validation studies done on sensitive issues. The third section examines additional problems in sensitive issue research such as contingencies posed in federally funded research by the guidelines for the protection of human subjects.

There is a dilemma which confronts social scientists and students of family relations when they wish to examine behavior where long standing taboos exist against discussing such behavior publically or with one's intimates. On the one hand, sensitive issues or "taboo topics" (Farberow, 1966) bid for scientific attention for a number of reasons: they are intrinsically interesting, allow scientists to analyze and refute conventional wisdoms or myths about human behavior, concern regions of human behavior where knowledge gaps exist, and are fundamentally important for improving our insight and knowledge about non-sensitive social phenomena. Yet, at the same time, by virtue of the fact that a sensitive topic is typically one where taboos usually exist which prohibit talking about the issue, sensitive issues and taboo topics pose major obstacles for researchers interested in examining them. The most utilized tools of social research are interviews, questionnaires, and observations; yet, people often feel socially constrained from talking about taboo topics let alone allowing a stranger to observe sensitive behavior. Consequently, it is extremely difficult to collect empirical data on issues such as homosexuality, sexual behavior, child abuse, wife abuse, incest, etc.

This paper explores the issue of studying sensitive family topics. The first section reviews the field of "taboo topic research" and discusses some of the problems and solutions which have been implemented in studying suicide, homosexuality, deviant behavior, and sexual behavior. The next sections review potentially sensitive family topics, the major problems confronting researchers who would like to examine these phenomena, and finally, some solutions to these problems are presented.

PROBLEMS IN STUDYING SENSITIVE ISSUES

The problems and obstacles confronted in research designed to examine sensitive issues vary according to the purpose of the research. For instance, a researcher who is concerned with estimating the incidence or prevelance of a particular sensitive behavior (such as drug usage, child abuse, homosexuality, other variations of sexual behavior, ect.) is faced with the likelihood of underreporting by respondents who try to answer with socially desirable responses or who do not want to admit to illegal behavior due to doubts about the actual role of the researcher. Researchers engaged in descriptive or explanatory research on sensitive issues must wrestle with problems of generalizability of their findings since subjects who are willing to discuss taboo topics are likely to be systematically different from subjects who either do not want to be interviewed or fill out a questionnaire, or from subjects who cannot be reached using traditional survey designs. Polsky, for example, (1969) criticizes work on deviance and criminal behavior by stating that most data are collected on "caught" populations such as prison or jail inmates. Polsky argues that this method of securing data focuses on the "unsuccessful" deviant while missing entirely those individuals who commit deviant acts but do not get caught or labeled (Polsky: 1969).

While the issues involved in sensitive research vary from study to study, there are three major areas where problems must be solved. First, subjects must be located or sources of data need to be obtained. Secondly, cooperation needs to be obtained from the subjects or the data source. Lastly, there are problems of validity and reliability of the data.

Locating Subjects

The first problem is contacting subjects. It would have been difficult for Kinsey and his associates (during the 1940's) in their study of sexual behavior (1948) to simply ring doorbells and ask each randomly selected respondent for his or her sexual biography. Similarly, Ned Polsky (1969) would have confronted problems asking randomly selected professional gunmen for their career history--not to mention the problem of locating individuals who profess to be professional gunmen! And certainly, Laud Humphreys was not keen on the notion of beginning an in-home interview by telling his subject that he had chosen him for the survey because he had observed him engaged in a homosexual act in a public rest room (1970:41).

Sampling Strategies. There have been a number of strategies invoked in the study of emotionally charged issues. Kinsey avoided individual self-selection bias through a technique titled "group sampling" where all members of a functioning group such as the P.T.A., a classroom, a fraternity, ect. were interviewed if a majority voted in favor of participation. Where group memberships were not common and to achieve social status and occupation variation, individuals were sampled in hospitals, hiring halls, and prisons. A second method of sampling is "snowball sampling" where the researcher locates one subject who fits the desired characteristics or who is a member of a special group, interviews the subject, and then asks for the subject to recommend the researcher to another similar individual. Erich Goode (1969) used this technique to acquire a sample of multiple drug users and Polsky used the same approach in studying professional gunmen (1969).

The benefit of group sampling and snowballing is that it provides the researcher with lists of subjects which s/he can draw from. The Kinsey 100% "group sample" has the advantage of avoiding individual self-selection. In the case of snowball sampling the advantage is that in recommending subjects to the researcher, the informant can also give the new subject the recommendation of the researcher and the project. Since a main feature of taboo topic research is suspicion of the investigator by others (Shneidman, 1966) snowballing and group sampling aid in opening doors for researchers.

Investigators have recommended various strategies for approaching subjects. Hooker (1966) recommends learning any specialized language or argot of the subjects while Polsky points out how to blend into the subject's environment while retaining the critical difference between investigator and subject (1969: 121-130).

Rapport. After making contact with subjects, the researcher's next task is to conduct the research in a climate of low subject reactivity. The main guideline proposed by researchers in emotional areas is the necessity of establishing *rapport* with the subject. Kinsey (1948), Polsky (1969), and Blum (1970) make the point that the key aspect of the interview is to establish rapport with the subject so that the researcher has the full confidence and trust of the subject. To achieve this confidence and trust, the researcher must be able to present a credible professional image of himself and the project and guarantee the confidentiality of the subject's responses (Pomeroy, 1956).

Although individual researchers provide special recipes for establishing rapport, one similar approach in all data collection enterprises is to begin by discussing common interests with the subject. Polsky (1969) recommends beginning the research by engaging in leisure activities with subjects, for example playing pool, playing cards, drinking, talking sports, ect. Kinsey also explains that an effective method of establishing rapport is to begin with common interests (1948:47).

Another means of establishing rapport in certain projects is to become a participant in the activity in question. Thus, Laud Humphreys (1970), in attempting to study homosexual acts in public places, actually became a participant in the action by serving as a lookout for the participants in public men's rooms.

The researchers who have discussed problems of sensitive area research assert that after establishing contact and rapport, the investigator has solved the major problem of reactivity and distortion. In fact, most state that once trust and confidence have been established it is sometimes difficult to get the subject to stop talking about the taboo area since the interview, questionnaire, or observation can serve as a cathartic release for the subject.

While we do not doubt the accuracy of these discussions of rapport building, it does seem that the authors are placing a great deal of weight and faith in establishing rapport. Rapport in and of itself may pave the way for research, but it does not fully address the critical issues of validity and reliability.

Validity and Reliability. The final important issue in sensitive area research is that of validity and reliability. Perhaps the most persistent question and criticism researchers hear when they study issues and topics which are emotionally charged and deal with areas where there are legal and moral taboos, is "how do you know they were telling you the truth?" While researchers operate on the assumption that few people would respond that they do engage in morally or normatively disapproved acts (incest, child beating, homosexuality) when they do not, there is a great suspicion that most people who do engage in covert deviance or other emotionally charged behaviors will not readily admit it to a researcher. Humphreys, in fact suggests that covert deviants wear the "breastplate of righteousness" which presents a "holier than thou" presentation of self (1970).

There have been some researchers who have developed techniques for cutting through the "social acceptability" barrier in sensitive area research. Kinsey and his colleagues pioneered the "direct approach interview." The Kinsey researchers (1948:53) argued that the burden of denial should be on the respondent and that the interviewer should not ask questions which make it easy to deny certain behaviors. Thus, the Kinsey group began each interview assuming that every type of sexual activity had been engaged in by the respondent, and asked questions such as "When did you last masturbate?" rather than "Do you ever masturbate?"

While there are techniques discussed in the literature for improving validity and reliability, few researchers have engaged in systematic tests of the reliability and validity of their instruments.

THE FAMILY: SPECIAL PROBLEMS IN SENSITIVE AREA RESEARCH

Sensitive issues aside, the family is a complex and difficult social group/social institution to study. For one thing, families are made up of individuals occupying multiple statuses and enacting multiple roles. Thus, a researcher who interviews a family member or requests that a member of a family fill out a questionnaire is collecting data from an individual who is at the intersection of many and varied roles (mother, wife, worker, daughter, sister, ect.). Secondly, "family" as a group or institution is as much a matter of subjective perception as it is an objective group membership. As Laing states, "to be in the same family is to feel the same 'family' inside (1971:13)." And since a number of individuals make up a family, there are numerous subjective perceptions of "family", interactions, and individuals. Thus, while there may be a shared "reality" of family which can be studied (Berger and Kellner, 1964), there are also varying subjective perceptions depending on whether the observer is a "son", "father", "mother", etc.

The numerous roles, statuses, and shared perceptions complicate research into the family, but there are two additional facets of the family which further impinge on research and which create major contingencies in the study of sensitive topics. First, the family is essentially a private institution (Laslett, 1973; Aries, 1962). Secondly, the family is an intimate social group.

Privacy

A major contingency in the field of family studies is that the family is a private institution. As such, most relevant family interaction takes place behind closed doors, out of sight of neighbors, friends, and social scientists. In order to study the family, most social scientists have made use of methods and instruments which allow them to penetrate the walls of the family without actually going into the home. Nye and Bayer (1963) found that interviews and questionnaires accounted for 52 percent of research data gathered from 1947-1951 (as analyzed from articles on the family reported in the AMERICAN SOCIOLOGICAL REVIEW, AMERICAN JOURNAL OF SOCIOLOGY, SOCIAL FORCES, AND MARRIAGE AND FAMILY LIVING). Thirty-one percent of research data gathered came from census records and articles. In the five year period from 1957-1961, 70 percent of the data was gathered using survey instruments (interviews and questionnaires) and 13 percent was drawn from census records and articles. For the same two periods, no data was gathered using observation from 1947-1951, and only .5 percent of data gathered came from observations in the 1957-1961 time frame. This heavy dependence on interviews and questionnaires is a reflection of the general trend in sociology to use interviews and questionnaires (Phillips reports that 90 percent of the articles published in the AMERICAN SOCIOLOGICAL REVIEW and THE AMERICAN JOURNAL OF SOCIOLOGY collected data using interviews and questionnaires--1971:1). Nevertheless, the reliance on survey methods rather than field methods in the study of the family also indicates that the private nature of the family makes it difficult to employ standard observational or participant observation techniques. The exceptions are few, and often involve a researcher moving in with a family to live with them as Jules Henry did in his study of families of psychotic children (1971).

While researchers have been allowed entrance into families to study global family interaction patterns and some researchers have moved in as boarders in households while pursuing community studies (Whyte, 1955), it would be difficult to gain admittance into a household for the purposes of observing child beating or varieties of sexual behavior. Moreover, the private nature of the family also means that certain rooms are devoted to specific activities. Thus, while a researcher might be allowed into a home, it is beyond belief that s/he could enter the bedroom or bathroom for the purpose of making observations.

In conclusion, the private nature of the family puts a premium on methods which require the family member to recount previous histories or events and report them on a questionnaire or in an interview. Even with these methodological possibilities, there is still the problem of intimacy which blocks access to certain behavioral and attitudinal domains.

Intimacy

A second important aspect of the family is that the relationships between and among family members are intimate. Thus, unlike other social groups, family structure arises out of intimate interactions. The special nature of intimate relationships tend to produce strong pressures against discussing family matters with those outside of the family. Parents often reprimand children for discussing their family matters with school counselors, friends, and neighbors. Likewise, the tendency to view family matters as sacred, private, and intimate, makes many individuals reluctant to talk about their family life with outsiders. In fact, this reluctance often becomes an adament stand against nosey, uninvited intrusions of social stientists, market researchers, and the like.

THE FAMILY: SENSITIVE ISSUES

This section briefly discusses issues and topics within the family which are important and relevent, but present obstacles to research by virtue of the fact that they are either behaviors which are illegal, have taboos surrounding them which inhibit discussion, or are emotionally charged.

One of the most widely discussed sensitive issues in the past few years has been child abuse. This topic became a focal issue in the early sixties--propelled by a ground breaking paper by Kenry Kempe and his associates (1962). But, by 1976 we still do not have an adequate understanding of child abuse. Research which tests hypotheses is rare, causal models are overly simplified, and theory building research is often inadequately conceptualized. Moreover, there is currently no reliable estimate of how many children are abused and neglected each year in this country--a situation which led the Office of Child Development/National Center on Child Abuse and Neglect to sponsor a National Incidence Study of Child Abuse and neglect beginning July 1, 1976.

A related topic is wife-abuse. As with child abuse, scant information exists on the incidence and causes of wife abuse. But even more importantly, wife abuse had been ignored to such a degree that almost no descriptive data exist on this topic.

A third issue is sexual abuse and incest. Most text books on the family devote numerous pages to discussing the extent and nature of incest taboos in various societies and cultures. These discussions attempt to explain why such taboos exist and what form they take. The examination of taboos related to incest masks the fact that exceptions to the rule abound. Huerta (1976) has discussed reasons why incest has been a neglected topic for social scientists and the fact that incest and sexual abuse remain the most underresearched aspects of child abuse and child neglect.

Forty-nine of the fifty states have laws on the books which prevent a wife from filing a "rape" charge against her husband (Gelles, 1976b); consequently, the issue of physically coerced sexual relations between husband and wife has remained hidden from public view and the research community. Occasional newspaper accounts of women who have slain their husbands because their husbands demanded sex or sex acts that the wives found repugnant testify to the importance of the issue, but we still have no idea about the incidence and nature of this side of family relations.

While the topic of pre-marital sex has been reasonably well researched (Kinsey, 1948; Hunt, 1973; Reiss, 1960), research on varieties of sexual relations in marriage appears to be underresearched compared to the attention devoted to pre-marital sex. Again, the issue may be one of intimacy and privacy which stands in the way of a social scientist studying sex within marriage.

There are numerous other issues and topics which are sensitive to study but which provide new and fundamentally important insights into the nature of family relations. In fact, one method of uncovering new sensitive issues is to monitor the popular literature forums where private and personal problems in marriage are discussed. Columns such as "Dear Abby" and "Ann Landers" along with the personal columns found in magazines such as REDBOOK, GOOD HOUSEKEEPING, and WOMANS DAY provide informative insights into the backstage area of the family. An example of how useful this type of material is for stimulating research was related by a colleague who read an article in a woman's magazine by a woman who was married to a homosexual. In discussing this with friends our colleague learned that the same phenomenon was much more common than he first had realized and he was directed to someone who had experienced this and was willing to talk about it at length.

It would appear that there are numerous topics and issues which are important social problems and provide important insights into the fundamental nature of the family which have yet to be investigated. Furthermore, there also appears to be an abundance of information and data available on these topics once the research community can overcome the major obstacles and hurdles of sensitive topic research in the family.

METHODS OF STUDYING SENSITIVE ISSUES

As with other sensitive topic research, the first problem faced by students of the family who wish to focus their attention on a sensitive issue is that of locating data sources and/or cooperative subjects. This problem is exaserbated by the low base rate of most sensitive topic phenomena (such as wife abuse, child abuse, incest). Thus, probability sampling would mean prohibitive costs.[1] Unless a researcher has chosen to study a phenomenon with a high base rate or has an unlimited supply of capital and manpower, most sensitive issue research on the family is going to be carried out using non-probability sampling. The researcher then requires a mechanism to steer him to subjects where the informational payoff will be the highest and where cooperation is not likely to be a major problem.

There are some proposed sampling methods which are well suited for taboo topic research on the family. The appropriate design will depend on the nature and goals of the research.

Sampling

Group Sampling. Group sampling was the technique pioneered by Kinsey and his associates in their study of sexual behavior (1948). The Kinsey researchers were able to use group sampling because they did not have to concern themselves with the problem of low base rates of the behavior in question. With the issue of wife-beating, incest, etc., the use of any functioning group as a sampling unit might not be particularly helpful. However, there are specialized functioning groups where group sampling would be an aid in reaching potential subjects. Special self-help groups such as Alcoholics Anonymous, Parents Anonymous (for child beaters), and special women's groups might provide a number of subjects for sensitive issue research.

The major drawback of this sampling procedure is that it would identify a particular sub-portion of the population under study. People who abuse their children and admit to it in a self-help group are thought to be quite different in terms of social and personal characteristics than those individuals who do not admit their abuse of children to others or themselves.

Snowball Sampling. Snowball sampling, employed in studies of drug use (Goode, 1969), homosexuality (Humphreys, 1970), and professional gunmen (Polsky, 1969) facilitates research on sensitive issues because it allows the researcher to use one or two contacts and branch out the sample to a wider group of people. For instance, we discussed the marriage of a woman to a homosexual in an earlier section of the paper. The one case was able to supply the names of a number of other women who had similar experiences. In a short time, a rather large list of names was brought up who had experienced this problem. Our research on family violence (which did not employ snowball sampling) often produced interviews with family members who discussed friends and relatives who had experienced violence in their marriage. It is likely that almost any topic is amenable to a form of snowball sampling.

A drawback of snowball sampling is that it taps individuals and families who are imersed in social networks. Some sensitive topics are not particularly suitable for this type of sampling. For instance, the literature on child abuse states that people who abuse their children are often socially isolated from friends and relatives. It would be difficult to use a snowball method of sampling when social isolation is a causal factor in the behavior in question.

Neighbor Informant. In 1965 NORC administered an interview (directed by David Gil, 1970) which asked subjects if they ever physically injured their children. Six of the 1,520 subjects answered in the affirmative. The survey also asked the question whether the subjects knew of a neighbor who had physically injured their child(ren). Forty-five answered in the affirmative, and Gil projected this to an estimate of between 2.53 to 4.07 million children physically abused each year (1970:59). This technique of estimating the incidence of child abuse has become known as the "neighbor informant technique". Basically, the technique acknowledges the problems of reliability and validity in getting people to self-report illegal or deviant behavior. This problem is overcome by getting some outside source who knows the family to report on behavior within the family unit.

While the neighbor informant technique is strong in estimating the incidence or prevelance of certain sensitive issues, it has two major drawbacks. First, it is suitable for particular neighborhoods and sub-cultures. Where neighborhoods are marked by physical closeness and social openness, the neighbor informant technique is suitable. However, where physical closeness is low and privacy of family interaction high, neighbors are probably unreliable informants. In addition, neighbors may be able to aid in establishing incidence rates for particular phenomena, but the private and intimate nature of family units makes neighbors poor judges of certain familial qualities such as power or authority. Moreover, many neighbors are probably unable to provide accurate information about important social indicators such as education and age of their neighbor.

Family Informant. When a neighbor or someone outside the family has too little knowledge of what goes on in the home to aid the research project, an investigator might make use of an informant inside the family. This technique samples family members who provide information about what goes on between the other members of the family. Straus (1974a, 1974b, 1976) and Steinmetz (1974) surveyed college students and asked them to answer questions about violence in their families during their last year at home (senior year in high school). This technique allowed the investigators to get some insight into the level of intra-family violence and the causal variables associated with family violence.

While college students are captive audiences and have more knowledge about their own family than neighbors do, there are some limitations to this sampling procedure. First, as Landis (1957) and Berardo (1976) point out, there are real problems with the over-reliance on college students as research subjects. College students represent a particular and narrow segment of the population. By using college students to study family life, we restrict our ability to generalize about marriage and family life (Berardo, 1976:211). Secondly, family informants might have limited knowledge about their own family life. They are unable to report about their parents' marriage during the early years (before they were born or when they were young), and they may have been sheltered from ceratin aspects of their family life. Taboo topics, by their very nature and sensitivity, may have been shielded from the children. Nevertheless, family informants are a lot closer to the core of family interaction than neighbors or others who might be asked for information.

Identifying Subjects from Public and Private Records

When a researcher wishes to investigate an issue in family relations but cannot use any of the previously mentioned methods of identifying and locating subjects, there are other methods which can be employed. Paradoxically, while the family is our society's most private institution, numerous transactions between family members become matters of public record. There are a number of public documents which can be utilized to identify and locate potential subjects for sensitive issue research.

Police Records. Most police departments keep logs of all police department activities. These logs, while often crudely coded, are usually open for public inspection (as with most organizations, police departments vary in their desire to cooperate with social scientists wishing to use "public" records). Gelles (1974; 1975b; 1976a) used the records of one police department to identify families where police officers had intervened in "family disputes" and developed a sample of twenty families who had been visited by police officers. In addition, some families were identified by examining the police log to identify cases where family members filed complaints of assault against another family member. The method of using police records, while allowing for the location of families, has some drawbacks. First, the method depends on the cooperation of the department chief. Secondly, an officer usually has to be present to assure that no juveniles would be identified in the process of screening families. Lastly, police logs are far from the most accurate sources of data--addresses, names, and dates are often in error and a considerable amount of time can be wasted tracking down addresses which are non-existent or inaccurate.

Police Calls. The problem of getting cooperation from police officials often makes using official police records impossible. An alternative, which does not require cooperation, but which capitalizes on the new CB radio fad, is to monitor the radio calls of police departments. Although this technique is time consuming, it can yield a sample of families where disputes have taken place, where assaults occur, where child abuse is suspected, and where other matters requiring police attention occur. This method is dependent on being able to secure the operating frequencies of police departments and being able to decipher the codes used. Additionally, the method is time consuming, since calls must be monitored. The problem of faulty addresses and inaccurate information still prevails in this technique of locating families or individuals.

Newspapers. Newspapers (depending on region and area served) often provide interesting and informative material on families. We have examined a number of local and regional papers and have found a wealth of information which might be relevant for selecting cases for sensitive area research on the family. Some papers, for instance, list local police activities for the day or week. These listings would aid in locating families in conflict or who have particular attributes (quarrels, violence, etc.). In addition, papers which publish legal notices contain information of interest to social scientists. Listing of divorces and divorce decrees are published in many papers. We found that a recent issue of THE PROVIDENCE JOURNAL published divorce settlements which included statements that restraining orders had been issued against husbands/fathers seeing or visiting their families. Our research on family violence indicated that such restraining orders typically grow out of a wife's complaint that she or her children had been physically abused by the husband.

Private Agencies. Private agency case files are confidential information. However, if a researcher can work out an agreement with an agency to aid in research, agency records can become sources of subjects. In our own research on family violence we worked out an arrangement with a private social work agency by which to contact subjects. We told the agency what our research objective was and what type of subjects we needed. The agency then screened their files, and contacted subjects for their permission to be interviewed. When permission was granted, we interviewed families who the agency suspected of using violence on children. Studies of remarriage, multi-problem families, family conflict, child neglect, etc. could all use this method of locating families for research projects.

In addition to helping locate families for research, private agencies can be the primary sources of data on families. During our research on marital violence we were interested in the topic of marital rape. The problem was that since women cannot file a rape charge against their husbands, data on this issue are scant. We were interested in learning about the incidence and nature of physically coerced sex in marriage so we opted for surveying rape crisis centers and asking them what proportion of calls they handled were women claiming to be raped by their husbands. We also asked what the agencies knew about this issue. The data (Gelles, 1976b) helped us gain some insight into this previously uninvestigated topic.

Advertise. A final method for locating subjects is to place an advertisement in a magazine, newspaper, or professional journal stating what the research project involves and requesting people who desire to be subjects to contact the investigator. This technique is often facilitated by offering to pay subjects for their time. Prescott and Letko (1976) placed an advertisement in *MS* magazine and located forty women who were willing to fill out a questionnaire on wife beating. The drawbacks of this method are obvious since many people may respond to the advertisement as a lark. The representativeness of subjects located using this procedure is typically an unknown.

Data Collection: After Rapport What?

Once a sample of individuals or families has been obtained, the next major problem facing the investigator is to obtain valid and reliable data from the subjects. As we stated earlier, when the topic under investigation is one which is sensitive and emotionally charged, research subjects may be embarrassed to discuss the issue; they may perceive "demand characteristics" of the instrument or situation (Orne, 1962) and respond in a socially desirable manner; they may be insulted by the researcher's technique, approach, or questions and refuse to continue; or, as was feared by Humphreys (1970:41) the researcher who asks the wrong question may conclude the research with a series of beatings by subjects (thus provoking an entirely new topic for sensitive issue research--social scientist abuse).

The literature on sensitive issue research is limited to discussing the advantages of developing "rapport" with subjects in order to minimize the above listed risks and to maximize validity and reliability. However, rapport building is such an intricate interpersonal task, that many potential researchers are either scared off by the prospects of having to build rapport, or proceed willy-nilly into the investigation overly dependent on their ability to get along with people.

This section of the paper lists and discusses techniques of data collection which go beyond rapport building and which have the promise of producing valid and reliable information.

Interviews. Perhaps the most difficult part of any interview on a sensitive topic is the point where the researcher has to face asking the respondent the key question or questions under consideration. No matter how much rapport may have been built up in the interview situation, most interviewers are not overly anxious to ask questions such as "have you stopped beating your wife?" and yet this type question is often crucial for the research.

We have identified a number of techniques for approaching and asking the more sensitive questions in research on the family. The first technique is a "funneling technique". This approach was employed in our exploratory study of intra-family violence (Gelles, 1974). The technique was an unstructured interview. However, the flow of the interview was designed to direct the discussion towards the issue of family violence. The interview began with a general discussion of the subject's neighborhood, friends and their families, and conflict and problems in their neighbor's families. Then the focus of the interview turned to, the subject's family. General questions about conflict and problems were channeled toward questions about fights and ultimately violence.

The funneling technique was a method of allowing the interviewer to establish rapport with the subject while familiarizing the subject with the basic content of the interview. The discussion gradually was channeled towards the issue of violence, and in many situations the subject began to discuss violence without a direct question. In instances where violence was not discussed spontaneously, the interviewer asked the direct question concerning the occurrence of violence in the family (see Gelles, 1974:36-43 for a detailed discussion of the funneling technique).

Conflict Resolution Technique. The "funneling technique" was highly adaptable to an unstructured interview. Such a technique may require modification for use in structured interviews with large samples. An example of a technique used in a sensitive area is the Conflict Resolution Technique developed by Straus (1974a;1976) for research on family violence. This technique was designed and first used with college student subjects, and it was adapted and implemented for adults in a national survey of violence in families.

The Conflict Resolution Technique is a list of modes of conflict resolution ranging from discussing an issue calmly to using a gun or a knife. Each item asks if the mode was ever employed in the family and how often the mode was used during the past six months (or a year).

The advantages of this technique is that it accomplishes in a structured format, what the funneling technique accomplishes in the unstructured format--it funnels the interview from the least sensitive to the most sensitive questions. This funneling allows for the building of rapport and has the additional benefit of building the subject's commitment to the interview (e.g. well if I answered the last question, I can certainly answer this one).

Although the Conflict Resolution Technique has been used only in family violence research, it is highly adaptable to other sensitive issue research on the family.

Random Response Technique. No matter how good the rapport between the interviewer and the subject and no matter how successful the funneling technique employed, the researcher will eventually have to ask questions such as "Have you abused your child?"; "Do you and your wife engage in anal intercourse?"; "Have you ever molested a child?"; "Have you ever used a gun on your wife?"

These questions are particularly important and at the same time particularly difficult to ask. Interviewers, no matter how well trained will often balk at asking such questions or ask them in a manner and with an inflection which suggests a "no answer" from the respondent. Subjects, on the other hand, may be embarrassed or afraid of answering the questions.

One manner of dealing with the problem of extremely sensitive questions is the Random Response Technique designed by Daniel Horvitz (1975). The technique works as follows:

> The respondent is given a sheet of paper with two questions on it. The respondent is also given a penny. The respondent is told to toss the penny. If the penny comes up "heads" the respondent answers the question marked "heads". If the coin comes up "tails" the respondent answers the "tails" question. Respondents are told not to tell the interviewer what side of the coin came up or what question they are answering. The respondent is to simply give an answer.

The two questions are constructed as follows:

> One question asks about the sensitive issue (e.g. Did you ever sexually abuse your child?); while the other question asks "Were you born in the month of June?"

The Random Response Technique allows the researcher to determine how many respondents answered the sensitive question in the affirmative by employing a statistical procedure which is based on the probability of the coin coming up "heads" half the time and "tails" half the time and the probability of a randomly selected respondent being born in the month of June. Needless to say, this is a complicated procedure, but Horvitz and others claim that the formula is reliable in estimating the incidence of affirmative answers to the sensitive question.[2]

The methodological advantage of the Random Response Technique is that the interviewer is blind in asking the question and receiving the answer. The interviewer does not know which question has been asked and answered and the subject knows that the interviewer will not know which question is being answered.

The disadvantage of this technique is its conception of the role of an interview subject. An interview subject will have to be extremely trustful of the technique to cooperate. We have argued that the technique works only with subjects who are too naive to believe they might be fooled and with subjects who have doctorates in statistics and believe the technique is truly random. All the rest of the subjects in between might be extremely skeptical of how "random" and anonymous the technique is.

Collaborative and Conjoint Interviews. A problem which is fairly common in all family research and particularly important in sensitive topic research is the reliance of a large proportion of research enterprises on the information provided by a single family member. Studies of family violence (Gelles, 1974; Straus, 1974) and studies of child abuse typically gather data by interviewing one member of a family. The problem with this is that it provides a single perspective on the issue in question. For example, a wife might consider a slap an instance of wife abuse while to the husband it may have been so insignificant that he would not remember it in an interview. The level and meaning of violence in that family will depend on who is interviewed. The same problem occurs when power in the family is measured.

A possible solution to the problem of single perspectives is the conjoint and collaborative interview. Laslett and Rapoport (1975) suggest that using a methodological technique which involves repeated interviews with several members of the same family, by more than one interviewer increases the internal validity of the research and is particularly appropriate for research on the more private and intimate character of family life. LaRossa (1976) states that common problems with family research such as (1) dependence on female subjects, (2) over use of self-report measures, (3) heavy reliance on "one-shot"data collections, and (4) failure to treat marriage in a holistic manner can be solved by employing a conjoint interview procedure. This method will involve husbands as well as wives, yields behavioral as well as phenomological data, allows for the in-depth analysis of the marital world, and uses the marriage system level of analysis rather than the individual respondent level.

While LaRossa (1975) was able to fruitfully employ the conjoint interview in his study of first pregnancy, we found that this procedure had serious disadvantages when it came to a study of family violence. Our interviews on the subject of intra-family violence (Gelles, 1974) included four conjoint interviews. During the course of these interviews issues of conflict and disagreement arose and the couples tended to begin to argue and disagree over the "correct" answer to the question. We felt that there was a risk in using an interview procedure which had the possibility of raising conflict which might have boiled over into violence after the interviewer had left the house. While we had no evidence that this did or could happen, we felt that it was wiser to conduct interviews with a single family member.

Observations. Direct observation or participatory observation in studies of the family is time-consuming and expensive. In most studies which collected data through direct observation in the home, the sample size was small and the research focused on global interaction patterns in the family (see for example, Henry, 1971).

As stated earlier, sensitive issue research on the family involves additional problems to the ones of time, cost, and small sample size. It is clearly out of the realm of possibility that a family will allow an investigator to make direct observations of sexual relations, violence, incest, or other volatile and private subjects. However, observation can be used to collect data on families who have already been identified as being suitable for inclusion in the study either as families where the behavior in question exists or subjects who would be comparative families to the others in the sample.

We propose that focused observaions in the home would enable the investigator to gather valuable behavioral data to compliment data which could be obtained through interviews and questionnaires. LaRossa found that the conjoint interview is also an opportunity to collect behavior data (1976). There are various situations where a focused observation could be employed. For example, if data on stress and how family members cope with stress is desired, an investigator might want to conduct observations of family interaction during dinner time. Bossard and Boll (1966:142) found that meals in the kitchen or dining room serve as the focal point of family interaction. This is one time of day when most family members are in the same room for a period of time. Additionally, meals are often stressful situations where conflicts and arguments can erupt and must be dealt with (Gelles, 1974:96-99). Data collected by observing family behavior during meals would be valuable and less costly than having to actually move into a household to conduct observations. The disadvantage of this procedure is that families might present a false front during the course of the observation; thus, preventing the observer from gaining an insight into the real nature of the family. The disadvantage might be reduced by repeating the observations over time so that the observer begins to blend into the family and his or her presence might not change the fundamental manner in which the family members interacted with one another.[3]

Projective Techniques. One methodology which is particularly useful in studying controversial issues is the projective test (Selltiz, Jahoda, Deutch, and Cook, 1959). Projective techniques such as the Thematic Apperception Test, the Rorschach Test, the draw-a-picture test, and the complete-a-sentence test are presumed to allow the subject to project internal states onto objects and behaviors external to himself (Kerlinger, 1973:514).

Projective techniques have been used extensively in family research. Numerous studies use them when children are the subjects of research (see for example Radke, 1946; Kagan, 1958; Haworth, 1966). Children's perceptions of their parents have been studied by using line drawings and doll play (Cummings, 1952; Kagan, Hosken, and Watson, 1961). Projective tests such as the TAT and completion projects have been used with adults to study family related personality traits (Blum 1949), attitudes towards family members (Lakin, 1957), attitudes towards children (Meyer and Tolman, 1955), and family power (Straus and Cytrynbaum, 1961). Additionally, entire families have been the subjects in projective technique research designed to study familial perceptions (Alexander, 1952), and the direction of aggression in families (Morgan and Gairer, 1956).

Other researchers have designed projective tests to test for specific traits in the family. Edith Lord of the University of Miami developed a projective protocol which portrayed misbehaving children. The protocol varied the type of misbehavior and the age of the child (by having size vary). Lord administered the protocol to test for punitiveness in parents to gain some insight into the causes of child abuse. We have used a TAT projective device to test for the association of sex and violence in the fantasy production of college students (Gelles, 1975a).

The obvious advantage of a projective device is that it is a non-reactive method of collecting data. A projective device disguises the true purpose of the research. On the other hand, projective techniques have been criticized for being so ambiguous that they reveal the internal states of the scorer rather than the subject. In addition, projective techniques concentrate on internal states and it is difficult to argue convincingly that one can predict external behavior from internal states.

Experimental Design. Experiments designed to examine sensitive topics in the family are limited by ethical and moral considerations in terms of the experimental manipulation the subjects are subjected to and the behavior which is being studied. Clearly, a researcher could not ethically design an experiment where the expected outcome was a parent beating a child. An additional limitation is that experiments using families as subjects typically involve some degree of observation. Since the research is usually conducted in the controlled setting of the investigator's laboratory, the family members will be interacting in a context quite a bit different from the privacy and familiarity of the home.

These limitations not withstanding, there are some experimental designs which are amenable for studying sensitive areas in the family. For instance, let's assume that a researcher was interested in testing the hypothesis that stress was a factor causally associated with aggression, modes of conflict resolution, or child abuse. The investigator might set up a true experimental design (Campbell and Stanley, 1963) where the variable "stress" was manipulated. The SIMFAM technique which has been used in studying problem solving (Straus and Rallman, 1971) has been found to be successful in simulating family crisis. If the "crisis" were manipulated the investigator might be able to examine the effects of crisis on family conflict resolution. Although one could not expect to observe behavioral violence, the investigator could use a projective technique to assess the families' level of internal aggression in the "crisis" or "no crisis" situation.

The advantage of the experimental design is that it allows for an explanatory analysis of the sensitive issues. Although experiments have been criticized for lacking correspondence to the real world, methodologists have argued that a valid experiment can be carried out even when the experimental variable is "phenomenally different" from events in the natural setting, as long as the experimentally produce variable is "conceptually similar" (Rieker, 1956; Straus, 1969).

The disadvantages posed by experiments arise when the experimental variables are not truly parallel to the real world. For instance, a researcher studying child abuse could havedifficulty arguing convincingly that the experimental condition of depriving a child of candy was conceptually similar to physically abusing that child.

A Note on Validity

The preceeding section listed a number of alternative and innovative techniques which could be used to collect data on sensitive topics in the family. The rationale for listing these varied approaches was to move the discussion of sensitive topic research beyond the limited methodological dependence on rapport. Nevertheless, the innovativeness of the above techniques does not completely address the often heard criticism "but how do you know they told you the truth? (or "how do you know they didn't alter their behavior for the observation or experiment?") It is obvious that there is a need for validation studies to be carried out on the techniques employed in sensitive area research.

To date, such studies have been rare, and even proposals for validation studies are few and far between. Bulcroft and Straus (1975) carried out a validation study on the use of college students as inside informants on family conflict resolution. They found that when the same Conflict Resolution Technique was administered to both the student and a parent, there was a high level of agreement between the student and the parent on the CRT measure.

The "nomination technique" discussed in the sampling section of this paper might be validated by using official records to cross-check whether the neighbor reported for a particular behavior (child abuse, wife abuse) is known to police or social workers in the community. While this method of triangulation (Webb, et al. 1970) is workable for behaviors where there are legal prescriptions against the behavior and agents of control delegated the task of dealing with the problem, the cross-check method of validation will be useless for validating results on other behaviors such as marital rape.

Whatever the method of sampling selected and whatever form of data collection is employed, there will have to be attempts to validate such research if the results of sensitive area research on the family are to be taken seriously.

ADDITIONAL PROBLEMS IN SENSITIVE TOPIC RESEARCH ON THE FAMILY

There are additional problems to those encountered in sampling and data collection which impinge on the collection of data on sensitive family topics. This section reviews three important contingencies in family research on emotionally charged issues: 1. Federal guidelines for the protection of human subjects; 2. Problems with "hired hand" research; 3. Legal problems concerning disclosure of information gathered in sensitive research.

Protection of Human Subjects

Researchers who do studies of sensitive topics whichare funded by the federal government encounter contingencies posed by the Department of Health, Education, and Welfare guidelines concerning the protection of human subjects.[4]

The purpose of the guidelines is to protect research subjects from physical or psychological injury which might arise as a direct or indirect consequence of the subjects' participation in research. While these guidelines tend to be directed towards medical or drug related research, they still apply to all federally funded projects with humans as subjects.

For the purpose of most social scientific investigations, the major guidelines which influence research on the family are the provisions which call for the subjects to give "informed consent" assuring that they have been given a full explanation of the project, a description of the risks involved, if any, a disclosure of alternative procedures which might be used, and an offer to answer any and all questions concerning the project. Additionally, subjects must be informed that they can withdraw from the project at any time (for detailed definition of "informed consent" see FEDERAL REGISTER, May 30, 1974, p. 18917.) Researchers must also guarantee (in their proposals) that potential risks to the subjects are outwieghed by the benefit to the subject and the importance of knowledge to be gained from the research.

The most important guideline which bears on sensitive topic research is that pertaining to "informed consent". Earlier versions of the guidelines called for "informed consent" to be obtained before data collection began and that "informed consent" had to be obtained in writing. It is obvious that this poses some problems for research enterprises which depend heavily on the establishment of rapport and trust for valid and reliable evidence to be obtained. It would be difficult for a researcher to get a chance to establish rapport if s/he had to begin the research by stating that s/he was asking questions to learn about wife abuse, sexual abuse, incest, ect. Moreover, researchers who vowed that the data collected was to be kept strictly confidential would confront suspicious subjects who were then asked to sign their names to a legal form which to them might look like a release of information.

The potential problems posed by these guidelines have been alleviated by new interpretations of the guidelines and exceptions made by HEW officials which allowed some researchers to obtain complete "informed consent" at the end of the interview, questionnaire, or observation. In addition, such consent does not always have to be in writing.[5]

A problem with "informed consent" does arise if the researcher desires to have legal minors (under eighteen years of age) for subjects. In cases where children are to be the subjects for sensitive research "informed consent" must be obtained from the child's parents or guardians. In addition, the consent must be obtained prior to meeting with the child. This restriction virtually guarantees that children will not or can not be subjects in sensitive topic research. No researcher could guarantee that the child would not be at risk if s/he were being asked to report on the parents' sexual behavior or violent behavior and the parent knew the content of the research. Parents might give "informed consent" but still intimidate the child physically or psychologically after the interview. We know of no federally funded research in child abuse which is gathering direct interview or questionnaire data from children, and we conclude that the regulations protecting human subjects have produced this situation.

Thus, researchers seeking federal funding for sensitive research must be aware that the federal guidelines and the disposition of college and university human subjects committees are factors which must be considered in any research design.

"Hired Hand" Research

The problems of rapport, confidentiality, ethics, validity, and reliability are difficult, but manageable facets of sensitive topic research so long as the research is small in scale and the investigator is involved in most of the aspects of the project. When research projects attempt to investigate emotionally charged issues in the family on a large scale, additional problems are created by virtue of having to employ other staff members for various parts of the project. Roth (1966) has listed and discussed the numerous problems involed in what he called "hired hand" research. He discussed "faking" of observations, collaboration among coders to make their results similar, interviewers completing interview schedules by themselves, and other problems. Large scale research projects usually develop mechanisms to "catch" the cheaters on their staffs, including call backs, comparing data of each interviewer to the group average, and reinterviews. Nevertheless, as Roth states (1966) such controls are often absent and controls, when they do exist are not sufficient to locate instances where interviewers did not take time to develop sufficient rapport, where interviewers used certain intonations when asking questions which assured "socially acceptable" replies, and where research staff members discuss confidential interview material at cocktail parties.

Thus, while large research projects can produce larger samples of families.

with more ability to generalize from the data, the necessary division of labor in these projects and the necessity of using "hired hands" poses serious and often unimaginable risks to the validity, reliability, and ethical conduct of the research.

Confidentiality

One of the major steps which must be taken in sensitive topic research is to guarantee to the subjects that all data which is being collected will be kept confidential. While it is relatively simple to mask the identities of subjects in the writeups of case studies and statistical procedures used in analyzing and presenting data protect the identity of subjects, there is one potential problem which poses risks to the researcher and the subjects.

Although a number of social scientists have discussed problems associated with the right to keep information obtained in academic research confidential (Polsky, 1969), and some researchers have offered to serve as test cases which would determine whether a social scientist could keep his information private despite court orders, no clear precedent exists in this area.[6]

Thus, until the courts decide whether academicians can be granted immunity from having to release confidential data, researchers who engage in research which deals with illegal, sensitive, or taboo topics run the risk of being forced to turn over material which they pledged would be kept confidential, or engaging in legal battles, or spending some time in jail for contempt of court.

CONCLUSION

The purpose of this paper has been to identify the problems associated with carrying out research on sensitive topics in the family and to list and discuss some solutions which can and have been implemented in the course of research on child abuse, wife abuse, family violence, and sexual behavior. This paper has not been an exhaustive presentation of all the methodologies which have been employed to study all the taboo topics in the family. Rather, the paper has been largely influenced and confined to methodological insights gained from our own research on family violence (Straus, Gelles, Steinmetz, 1973). Nevertheless, many of the issues and methods which have been associated with our research program on family violence are applicable to other types of sensitive research in the family.

A goal of this paper is to aid in moving research on the family into new and unexplored areas of family behavior. We believe that numerous topics of interest and importance have gone uninvestigated because researchers were stumped by the problems of finding subjecst, obtaining data, and establishing procedures for producing valid and reliable data.

The final question which arises concerning sensitive topic research is whether research like this should be done at all--irrespective of whether or not the major hurdles in doing the research can be bridged. Some may argue that the procedures and methods we discuss in this paper border on being unethical invasions of the privacy of the family. In addition, some might feel that there are areas in the family which are too private and too sacred and should not be investigated by "snooping" social scientific "voyeurs". Deception, ethics, morality, and the sacred nature of the family as a social institution are often cited as reasons not to carry out sensitive topic research.

While there are ethical and moral dilemmas involved in the methods discussed in this paper, we would counter the argument that certain topics should not be investigated and that families should not be subjected to the "voyeurism" of family researchers by pointing out that the researcher community's respect for the privacy of the family and their unwillingness to investigate certain emotional or embarrassing topics did not prevent children from being abused, did not prevent wives from being abused, did not eliminate impotence, and did not enforce the incest taboo. Nor did the perceptual blinders that family researchers wore when viewing the family prevent myths and conventional wisdoms from being accepted as fact when scientific data on sensitive topics was lacking. If we are to learn more about the basic nature of the family and family functioning, and if we are to be capable of dealing with some of the fundamental social problems which exist in the family, we must be prepared to take the risks in the study of sensitive topics and to seek creative and humane solutions to the ethical problems of such research.

FOOTNOTES

1. For example, if one were going to study child abuse, the estimated base rate is one-half of one percent of the population (this is likely to be a conservative base rate). Assuming that one wanted to conduct an incidence survey with a high level of accuracy, the sample which would have to be drawn would be quite large--assuming a base rate of .005 and a desired confidence level of 95%, the sample size which would guarantee an accurate survey would be 76,448. At $40 per in-person interview, this survey would cost $3,057,920 (from the Abt Associates technical proposal for RFP No. HEW/OCD 105-76-1137).

2. The Random Response Technique was proposed by Burt Associates as a means of determining the incidence of child abuse in America. Marvin Burt, President of Burt Associates, informed us in a personal communication that the Random Response Technique has been pre-tested and works quite well in obtaining answers to sensitive questions.

3. It is also possible that the presence of an observer at the dinner table could heighten stress during the meal and provide a more focused opportunity to observe family interaction under stress.

4. For the complete statement on the rules and regulations concerning the protection of human subjects in government funded research see the FEDERAL REGISTER, Volume 39, Number 105, Part II, May 30, 1974.

5. We have received these waivers from obtaining informed consent in two research projects. There is however, no guarantee that such a waiver would be granted in all instances of sensitive research.

6. On May 20, 1976 United States District Judge Charles B. Renfrew of California ruled that a Harvard professor did not have to disclose information obatined confidentially in the course of academic research.

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PHYSICAL ABUSE OF YOUNG CHILDREN:
A PRELIMINARY TYPOLOGY OF CASES

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BACKGROUND

Physical abuse of children by their caretakers has been estimated to occur in one out of every 100 American families (Light, 1973). In the 1960's, child abuse was recognized as a major social problem (Kempe, 1962) and has since attracted the research efforts of professionals in many disciplines. Much of this research has been directed toward identifying factors associated with the abuse which could be used to construct an etiological model. The models which have been proposed can be roughly grouped into two types--the sociological and the psychological. The sociological relates the occurrence of abuse to social and cultural factors. Specific incidents of child abuse are recognized as interpersonal encounters, but the root problem and potential solutions are seen in societal terms. The psychological approach, on the other hand, views the problem primarily in terms of the psychopathology involved in particular parent child relationships.

The most extensive data on the sociology of abuse was collected by Gil (1969). He found in a national survey of reported child abuse cases that the parents as a group resembled a cross-section of the nation's poor. There was an over-representation of non-white persons in the group; they were poorly educated; held low-paying jobs or were unemployed; and, in general, were disadvantaged socially and economically. Gil concluded that child abuse occurs largely as a by-product of that social and economic deprivation: parents who abuse their children differ from those who do not primarily in the degree of social and economic resources available to them.

In contrast to the sociological model, the psychological model focuses on factors related to individual personality and behavior. The treatment team at the National Center for the Prevention and Treatment of Child Abuse and Neglect (Denver, Colorado) has accumulated the most extensive clinical data in this area (Helfer & Kempe, 1968). They have noted a number of frequently occurring characteristics in their cases. Among these are: (1) a history of physical abuse or neglect in the childhood of the abusing parents; (2) inordinately rigid or unrealistic expectations of children by the parents; (3) a pattern of social isolation and emotionally unsupportive marital relationships; and (4) some precipitating event experienced as a crisis by one or both parents just prior to the abuse.

This "crisis" may consist simply of a child's crying excessively or failing in some way to satisfy the parent's demands for love and attention. Often these parents regard infants as a source of reassurance about personal adequacy and make excessively high demands for performance from children. The parents are apt to perceive an infant's crying or disobedience as rejection and to respond with anger and punishment. The general profile is of a parent whose inner and outer sources of self-esteem are quickly depleted under stress. While there is general recognition that both social and psychological factors must be considered in order to explain the phenomenon of child abuse, there is little agreement on the relative importance of the different factors. Sources such as Gil's which find an association between poverty and abuse and conclude that this association has etiological significance have been criticized on the grounds of sampling bias. Impoverished and medically indigent families are more likely to come into contact with the major reporting agencies--welfare, police, and hospitals that serve families who do not have access to private medical care (Light, 1973; Kent, 1976). Thus, it is likely that this segment of the population is "over-sampled" relative to other socioeconomic segments. Studies drawing cases more from the private sector have found abusing families from all economic levels (Steele & Pollock, 1968).

On the other hand, families seen at the National Center in Denver, our richest source of data about the psychology of abuse, may represent an under-sample from lower socioeconomic groups. The hospital to which the National Center is attached is a University Medical Center and not the major hospital for the medically indigent in Denver. Further, a review of studies which have attempted to elucidate the psychopathology of child abuse indicates that there is no particular psychiatric disorder that is common to all or most abusive parents (Spinetta & Rigler, 1972).

One inference that could be made from all of this is that the importance of various psychological factors relative to various sociological factors is different from case to case. There may be not one but several etiologies underlying the phenomenon of child abuse. If that is so, then what is needed is a multietiologic model which incorporates both psychological and sociological factors. This paper will present data in support of such a model.

As a working hypothesis, we assume that there are natural groupings of abuse cases that are sufficiently different from one another in etiology to be identified as types. The literature bears support for this hypothesis, but to date only rudimentary attempts have been made to classify physical abuse cases.

Merrill (1962), Delsordo (1963), Zalba (1966), and Boisvert (1972) have each attempted to develop a typology of abusing families on the basis of the personality characteristics of the abuser and, to a lesser extent, on the social and economic circumstances of the abusing family. The typologies were constructed from clinical impressions; no statistical methods were employed. The following table summarizes the typologies and shows the high degree of overlap among them.

Gil (1970) made the only other noteworthy attempt to construct a typology. He scored 1,380 cases collected nationwide in 1967 as to the presence or absence of 18 abuse circumstances or causes such as: "Inadequately controlled anger of perpetrator" and "Abuse developing out of a quarrel between caretakers." These binary responses were then subjected to factor analysis yielding seven principal factors which Gil then associated with an abuse typology. The categories as described by Gil are listed below:

1. Resentment and rejection of the child (common to both inflicted injury and neglect)
2. Angry and uncontrolled disciplinary response (common only to inflicted injury)
3. Male babysitter abuse (common to inflicted injury and sexual abuse)
4. Personality deviance and reality stress
5. Child-originated abuse
6. Female babysitter abuse
7. Caretaker quarrel

Cattell (1965) cogently discusses the serious ambiguities in factor interpretation in such an application of factor analysis. A different method of analysis was selected for the present study, a method which clusters families rather than variables. Study and analysis methods are described in the next section.

METHODS

Sample

The sample for this study consisted of 99 children who had been adjudicated by the Juvenile Court (Los Angeles County) as having suffered inflicted injuries. These children were a subsample of a larger group (219 children) representing about 25% of the inflicted injury cases under court jurisdiction at the time the sample was drawn (February, 1972). That sample was drawn by selecting every fourth case in each Department of Public Social Services region in Los Angeles County.[1]

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1. The larger sample was for a study that analyzed differences in families among various kinds of abuse--neglect, sexual abuse, and physical abuse. That study has been reported in another paper (Kent, 1976).

TABLE 1 TYPOLOGIES OF CHILD ABUSE (Lamar, 1977)

HOR	CATEGORY			
rill 1962)	Hostile, aggressive parent Continuous and uncontrolled anger stems from parent's internal conflicts. Parent has childhood history of severe emotional rejection and deprivation.	Rigid, compulsive parent Parents defend their right to punish their children whom they perceive responsible for the parents' trouble. Parents lack warmth and protectiveness toward their children and make excessive demands of them.	Passive, dependent parent Parent is dependent, immature, and prone to depression. Within the family unit, the parent competes with the child for the love and attention of the spouse.	Physically disabled father Fathers are out of work, frustrated, and responsible for the care of the child while the mothers work. They suffer loss of status as well as loss of physical abilities.
lsordo 1963)	Overflow abuse Child abuse is rooted in an overflow of the parent's own frustration and irresponsibility. Abuse is repetitive, but not directed to any one child. The mother is most often the abuser and the father usually does not live in the home. Abuse is uncontrollable.	Disciplinary abuse Parents are rigid, controlled, and unfeeling. They defend their right to discipline their child, (usually an adolescent), for failing to comply with their expectations. Often they are upstanding citizens. Abuse is controllable.	Battered child Severe abuse of infant is perpetrated by parent with high dependency needs who sees the child as a burden or competitor which has to be destroyed. Often, only one child in the family is abused. Abuse is uncontrollable.	
lba 966)	Impulsively angry and abusive parent Abuse is an impulsive and unfettered expression of general rage and hostility, which is part of the parent's childhood-determined personality. There is no pattern to the abuse. Most often the mother is the abuser and the father does not live in the home. Abuse is uncontrollable.	Cold, compulsive disciplinarian parent Abuse is in reaction to the child's need for closeness and affection, and interest in body and sex. Parents have compulsively clean homes. They defend their right to punish their children. Abuse is controllable.	Depressive, passive-aggressive parent Abuse represents anger and resentment at having to meet the needs of others, and at inability to meet the role expectations of a caretaker. Often only one child is abused, who is seen as a competitor or burden to the dependent parent. Abuse is uncontrollable.	Parent with identity/role crisis Abuse represents the father's displaced anger at loss of capability for previous role performance. The father stays with children while the mother works. Abuse is controllable.
svert 72)	The inadequate personality Same as Delsordo category, "Overflow abuse" with the added observation that neglect as well as abuse is characteristic of family.	Cold, compulsive disciplinarian Same as Delsordo category, "Disciplinary abuse"	The passive-aggressive personality Same as Delsordo category, "Battered child".	

TYPOLOGIES OF CHILD ABUSE

RESEARCHER	CATEGORY		
Merrill (1962)			
Delsordo (1963)	*Misplaced abuse* Abuse is due to misplaced parental hostility which stems from marital conflict. The abuser is usually the father. The child abused is, generally, of illegitimate conception or birth, brain damaged, or a a pawn in marital conflict. Abuse is controllable.	*Mental illness* Abuse is unpredictable, but ritualistic rather than impulsive. No particular psychiatric diagnosis is made. Abuse is uncontrollable.	
Zalba (1967)	*Impulsive, but generally adequate, parent with marital conflict* Abuse is the result of marital conflict displaced onto the child. It is often limited to one child who is a pawn in the marital conflict or is illegitimate, etc. The father usually abuses. Abuse is controllable.	*Psychotic parent* Abuse is unpredictable and ritualistic; it has idiosyncratic meaning related to the fantasies of the abuser. Abuse is uncontrollable.	
Boisvert (1972)	*The displacement of aggression* Same as Delsordo category, "Misplaced abuse" with the exception that the abuser is usually the mother.	*The psychotic personality* Same as Delsordo category, "Mental illness".	*The sadistic personality* Parent has history of sadistic behavior and shows no anxiety or guilt for abuse. Often there are marital problems and alcoholism in family. Abuse is uncontrollable.

The 99 children in the present sample represent all the children three years of age or younger. This age range was of particular interest to the investigators because the results of the analysis were to be applied to a hospital-based experimental program which includes mostly younger children. Moreover, a preliminary analysis of the data indicated that families where the abused child was less than three years old differed from families where the child was older on a substantial number of variables. Thus, the findings of this study are not proposed as having any generality beyond the age group studied.

Data Collection

Data was collected with a pre-coded survey questionnaire completed by each Department of Public Social Services (DPSS) worker who had a study family in her caseload. A total of 251 variables were included in the questionnaire. The questionnaires were completed from information gained from DPSS contacts with the family[2] and records of hospital, police, and court investigators. If the information requested was not available from these sources, the workers were asked to seek it directly from the families. Problems in coding were referred to regional supervisors and resolved at the level by members of the study team. The intensive investment of the DPSS workers in their own cases insured a low rate of "missing data" response and gave us confidence about the reliability of the data.

For each case, values for as many of the 251 variables as possible were obtained. The variables fell into nine broad categories:

1. the immediate circumstances of the incident
2. characteristics of the abused child prior to the incident
3. characteristics of the child's caretakers
4. characteristics of the child's home
5. the family's social and economic circumstances
6. the court disposition of the case
7. the child's placement history
8. the child's behavior and development following the incident
9. the parents' attitudes toward the placement and casework goals

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[2] Each child taken under court jurisdiction is assigned a social worker by DPSS. This worker becomes responsible for supervising the welfare of the child in his placement (whether home or foster care) and makes regular visits to both the child and his parents.

With a sample size of only 99, it was clear that some way of selecting a reduced set of variables was necessary before any statistical analysis could be undertaken. One approach to the problem of reducing the number of variables is to form combinations of variables which are strongly related to one another and to use these combined variables in the analysis. Factor analysis is the most commonly used technique for this purpose. The difficulty with such "factors" is that they are often difficult to interpret. We were interested in developing conceptual models which might involve complex interconnections among several variables. To lump together variables which co-varied into a single bundle would be economical but might obscure these relationships.

Retaining the variables in their original, more meaningful, form made it necessary to select a small subset of the total 251. These were selected on the basis of several criteria. First, we wanted variables on which our 99 cases showed a small number of missing values. Second, we wanted variables likely to be of high reliability. Thus, for example, factual items tended to be preferred to those requiring subjective judgments. Third, we wanted variables likely to be of theoretical interest. "Number of children in the home," for example, has more promise than "length of residency in Los Angeles." Fourth, we wanted variables which showed substantial variation in our sample. Fifth, since we were interested in understanding the etiology of child abuse, only background variables describing the child and family's circumstances at the time of the abuse were selected. The variables were examined on the basis of these criteria and a set of 40 selected for the main statistical analysis.

Without theoretical guidelines, we were forced to adopt an empirical approach to the development of the types. We decided to let the data itself suggest natural groupings of cases. As mentioned above, cases sharing a similar causal mechanism could be expected to have similar values on many of our 40 variables. Cluster analysis is a statistical technique for dividing a sample into subgroups or clusters which are themselves relatively homogeneous but which differ from other clusters. That is, cases in the same cluster would tend to have similar values on many variables, while those in different clusters would display different patterns of values.

We decided to select clusters on entirely empirical grounds and then to look at the values of variables used to form the clusters and other variables in order to interpret the results. Such an analysis is exploratory, and we were not particularly optimistic that clearly interpretable patterns would emerge. On the other hand, if such patterns did emerge, they would not be the result of our preconceptions and might at a minimum provide useful working hypotheses for possible future corroboration.

We chose a type of cluster analysis known as hierarchical nearest-neighbor clustering. The method can be described in terms of three steps: defining a similarity measure, generating a hierarchical clustering of the cases, and selecting the final number of clusters.

We wanted the "similarity" between any two cases to be a measure of the degree to which the cases tended to have the same values on many of the variables. We selected the product-moment correlation between cases over the 40 variables. That is, we treated the 40 values corresponding to each case as if they were 40 observations of a random variable and calculated the correlation between each pair of these "variables" using the standard formula. This "reverse correlation" (the usual roles of variables and individuals are reversed) is a particularly good measure of similarity when many of the variables are dichotomous or take on a few values at most, which is true of nearly all our variables.

The second step in the analysis involved carrying out the nearest neighbor algorithm. The basic idea of the algorithm is to start with 99 separate cases and successively aggregate to form sets of smaller numbers of larger clusters.

More specifically, starting with 99 separate clusters, the computer finds the two "closest" on the basis of our similarity measure and joins them together to form a cluster of size 2. Thus, at level 2 of the hierarchy of clusters, we have 98 clusters. The next step involves again joining the two nearest "neighbors" unless there is a third case closer to both those in cluster 2 than are any other two cases. Thus, at level 3 we have 98 clusters--either 2 of size 2 and 95 of size 1, or 1 of size 3 and 96 of size 1. The process continues, always combining the nearest two clusters at level k to form one cluster at level k + 1. The similarity of two clusters is defined as the minimum similarity between any case in one cluster and any in the other. This process is called hierarchical clustering because it generates a hierarchy of levels of clusters at any lower level.

Having generated 99 sets of clusters, we are left with the question of which, if any, seems to represent a natural grouping of cases on which to carry out further analysis. Clearly, a small number of large clusters would be more manageable and more suitable for statistical analysis. On the other hand, each amalgamation of clusters into larger ones reduces the homogeneity of the clusters.

Fortunately, the clustering algorithm provides a useful measure to assist us in determining how many clusters to use. As described above, the algorithm always combines clusters in such a way as to maximize the minimum within-cluster similarity. This minimum within-cluster similarity provides a measure of the homogeneity of clusters. While this measure must necessari- [illegible] increase more than others. An unusually large jump may be a signal that two basically dissimilar clusters are being forced together. Thus, these increases provide useful information on which levels appear to represent the most natural groupings.

Carrying out the analysis described above on our 99 cases of child abuse resulted in two sets of clusters which appeared promising: one containing three and the other four clusters. For each of these clusters, the mean value (or percentage if appropriate) was calculated for each of the 40 background variables. In the course of attempting to interpret these clusters, it became clear that the four clusters had to be retained.

RESULTS

In this section, we describe in detail the results of the cluster analysis. We begin with the presentation of a set of tables portraying the means (or proportions) on a large number of variables for each of the clusters. These tables include all variables showing substantial differences among clusters, including 21 of the 40 variables used in deriving the clusters. Table 2 presents variables which describe the incident. Table 3 displays characteristics of the abused child just prior to the incident; Tables 4 and 5 characteristics of the mother and father, respectively. Table 6 presents variables describing the family situation. Finally, Table 7 presents data on several outcome variables describing the child and family at the time of follow-up.

Following the tables, we present straightforward verbal descriptions of each of the four clusters. These enable the reader to obtain a feel for the patterns in the data without being overwhelmed by masses of statistics. An attempt has been made not to go beyond the facts in these descriptions, but some interpretation is inevitable, if only through selection and emphasis. This is why we have presented the tables first, allowing the reader to form his own impressions. An interpretation of the results is offered in the discussion section.

TABLE 2 The Incident[1]

Variable	Cluster 1	Cluster 2	Cluster 3	Cluster 4
* 1) Length of Hospitalization[2]	6.79	.79	2.87	1.24
* 2) Permanent Impairment[3]	2.21	1.32	1.53	1.35
* 3) Other Victim[4]	.13	.50	.46	.50
4) Previous Victim[5]	.16	.16	.07	.34
* 5) Biological Mother Responsible	.36	.38	.17	.56
* 6) Biological Father Responsible	.43	.38	.50	.13
7) Step Father Responsible	.07	.14	.25	.03
8) Other Resident Responsible	.07	.10	.00	.21
9) Arrest Resulting From Incident	.44	.77	.50	.55
Cluster Size	19	25	15	40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available except for variables 1 and 2.

2. In weeks, with "7 or more" as highest category. Thus, this variable may be an underestimate, particularly for cluster 1.

3. 1 = No permanent impairment
   2 = Uncertain
   3 = Definite permanent impairment

4. Proportion of cases in which another child in the same family was known to be a victim of abuse or neglect.

5. Proportion of cases in which this child had previously been

TABLE 3 Child Prior to Incident[1]

Variable	Cluster 1	Cluster 2	Cluster 3	Cluster 4
* 1) Mean age (years)	1.03	1.46	1.30	1.40
2) Sex[2]	.53	.24	.47	.43
3) Full Term	.95	.82	1.00	.88
4) Birth Complications	.28	.20	.13	.11
* 5) Irritable, active[3]	.06	.47	.58	.21
* 6) Disobedient[3]	.06	.20	.36	.14
* 7) Abnormal Growth[3] or Development	.11	.14	.39	.14
8) Feeding Problems[3]	.27	.33	.40	.07
* 9) Passive, unresponsive[3]	.29	.05	.27	.06
10) Youngest in family	.60	.55	.39	.67
Cluster Size	19	25	15	40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available except for variable 1.

2. Proportion female.

3. As reported by a parent.

TABLE 4 Mother Prior to Incident[1,2]

Variable	Cluster 1	2	3	4
* 1) Age[3]	22.0	25.6	21.7	21.7
2) Education[4]	10.7	11.5	10.7	9.5
3) White	.21	.72	.47	.50
4) Black	.37	.04	.27	.25
5) Mexican-American	.21	.20	.27	.23
6) Employment Level[5]	.58	.62	.00	.05
7) Occupational Level[6]	.67	.68	.00	.08
8) Length of Residency[7] in Los Angeles (years)	9.00	13.00	1.00	8.00
* 9) Severely Disciplined as a Child	.13	.31	.25	.56
*10) Neglected as a Child	.18	.25	.13	.56
11) Excessive Use of Alcohol and/or Drugs	.05	.38	.13	.45
*12) Arrest Record[8]	1.17	1.81	1.36	1.64
*13) Married	.53	.60	.60	.36
14) Living Alone	.26	.04	.00	.30
Cluster Size	19	25	15	40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available, except for variables 1,2,6,7,8,12.

2. Mother is here defined as the person living with the child and functioning as maternal parent at time of incident.

3. Since age was coded in categories, this represents an

TABLE 4 (Continued)

4. In years, but since education was coded in categories, this represents an approximation.

5. 0 = Unemployed
   1 = Part time
   2 = Full time

6. Reversed Hollingshead Scale

7. Since length of residency was coded in categories, this represents an approximation.

8. 1 = No arrest
   2 = Arrested as minor only
   3 = Arrested as adult only
   4 = Arrested as minor and adult

TABLE 5 Father Prior to Incident[1,2]

Variable	Cluster			
	1	2	3	4
1) Age[3]	24.7	28.0	26.2	24.8
2) Education[4]	11.3	11.3	9.0	11.0
3) White	.31	.71	.40	.50
4) Black	.38	.08	.27	.23
5) Mexican-American	.19	.17	.33	.20
* 6) Employment Level[5]	1.14	1.41	1.21	.96
* 7) Occupational Level[6]	1.15	1.41	.36	.62
8) Length of Residency in Los Angeles (years)[7]	9.00	15.+	1.00	8.00
9) Severely Disciplined as a Child	.30	.33	.33	.30
10) Neglected as a Child	.27	.29	.50	.50
11) Excessive Use of Alcohol and/or Drugs	.25	.45	.50	.73
*12) Arrest Record[8]	1.83	2.25	1.60	2.55
Cluster Size	19	25	15	40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available, except for variables 1,2,6,7,8,12.

2. Father is here defined as the person living with the child and functioning as paternal parent at time of incident.

3. Since age was coded in categories, this represents an approximation.

4. In years, but since education was coded in categories, this represents an approximation.

TABLE 5 (Continued)

5. 0 = Unemployed
   1 = Part time
   2 = Full time

6. Reversed Hollingshead Scale

7. Since length of residency was coded in categories, this represents an approximation.

8. 1 = No arrest
   2 = Arrested as minor only
   3 = Arrested as adult only
   4 = Arrested as minor and adult

TABLE 6 The Family[1]

Variable	Cluster 1	Cluster 2	Cluster 3	Cluster 4
* 1) Known to Service Agency	.68	.44	.87	.82
* 2) Number of Children	2.16	1.92	2.13	2.03
3) Biological Father in Home	.47	.68	.67	.38
4) Home Repair/Cleanliness[2]	3.25	2.83	2.83	2.22
* 5) Income per Member per Month ($)	55.00	123.00	38.00	33.00
6) Telephone in Home	.53	.56	.50	.36
7) Own Automobile	.53	.85	.58	.45
Cluster Size	19	25	15	40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available, except for variables 2 and 4.

2. 1 = Far below average
   2 = Slightly below average
   3 = Average
   4 = Above average
   5 = Far above average

TABLE 7 Follow-Up[1]

Variable	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Child				
1) Emotional withdrawal	.36	.16	.08	.13
2) Developmental lags--motor skills	.53	.09	.36	.11
3) Developmental lags--language skills	.57	.10	.36	.24
4) Developmental lags--living skills	.54	.00	.30	.05
5) Illness[2]	2.53	1.96	1.80	1.85
6) Back in home	.32	.20	.20	.15
Parents				
7) Initially accepted court decision	.42	.60	.50	.80
8) Now accept court decision	.78	.86	.58	.87
9) Frequency of visits[3] to child (if in foster care)	2.33	2.37	1.30	2.00
Cluster Size	19	25	15	40

1. All scores represent proportions of those for whom information was available, except for variables 5 and 9.

2. 1 = No known illness
2 = Occasional routine illness
3 = Frequent illness
4 = Chronic medical problems

3. 0 = Never
1 = 1/year
2 = 2-4/year
3 = 12/year
4 = 26/year
5 = 52/year

Cluster 1

Cluster 1 included all the cases in our sample of the most severe abuse. The abused child spent an average of seven weeks in the hospital and, in many cases, suffered permanent impairment.

The biological mother or father most often was responsible for the incident; this cluster was uniquely low in incidence of abuse by a stepfather or other resident. Despite the severity of the abuse, the rate of arrests resulting from the incident was the lowest for all clusters.

The children in this cluster were 12 months old, on the average, and were usually the last born in a family with two children. The cluster had by far the lowest percentage of reported abuse of another child in the family.

An outstanding characteristic of the children in this cluster was the fact that many were perceived by their parents as passive and unresponsive. Almost none of the children, however, were perceived by the parents to be abnormal in growth and development.

These children came from families which were free of most of the problems that are usually associated with child abuse. There was very little abuse or neglect in the childhood history of the mother. There was somewhat more in the history of the father, but still less than for fathers in any of the other clusters. The family had a low income, but it is the second highest among the clusters in our sample. The rate of unemployment was relatively low for the fathers, and many mothers also worked part-time.

The parents had the second highest educational level among the four clusters: the mothers had a tenth grade education; the fathers had an eleventh grade education. (On the average, neither of the parents in any cluster had completed high school.)

The mothers and fathers in Cluster 1 were on the average 22 and 25 years old, respectively. Most were from Black and Mexican-American backgrounds. They resided in Los Angeles for an average of nine years and had a very high incidence of support from family relatives. The parents kept their homes in good repair, rarely used drugs or alcohol to excess, and had little history of arrests.

The description of the families in Cluster 1 would not lead one to expect child abuse. We are presented with a paradox: Those families who least fit the stereotype of the abusing family are the families in which the most severe abuse occurs.

Cluster 2

In Cluster 2 families, child abuse was, by far, the least severe in our sample. The average length of hospitalization was less than six days, and there was almost no evidence of permanent impairment. The child had not often been a previous victim of abuse, but in one-half of the cases, a sibling was known also to have been a victim of abuse or neglect.

The biological mother and father were responsible equally often for the incident of abuse. In 24% of the cases, the stepfather or another resident was the perpetrator. Despite the relatively unsevere nature of the abuse, the rate of arrest resulting from abuse in this cluster was outstandingly high (77%).

Unique to this cluster is the high percentage of male children abused (76%). The average age of the children was 18 months old, which is the highest for all clusters. The parents tended to perceive the abused child as disobedient, irritable, and active.

The age of the parents was the highest for all clusters: the fathers were 28 years old and the mothers 26 years old. Typically, the parents were white, lower middle class, with by far the highest income and highest employment level of all clusters. Often the mothers worked part-time. Almost none of the mothers lived alone with their children.

The parents had been long-time residents of Los Angeles. Both mothers and fathers had an eleventh grade education and also had similar childhood histories of severe discipline and neglect Such experiences were reported in about one-third of these families.

Alcohol or drug abuse was reported for 45% of the fathers and 39% of the mothers. Of the parents in all clusters, the parents in Cluster 2 were the most similar in background, age, and habits.

Cluster 3

Fathers or step-fathers were the predominant abusers in this cluster. In only 17% of the cases was the mother responsible for the abuse, and in no case was another resident in the home responsible. Arrest resulted from the incident in half of the cases.

In Cluster 3, the abuse was relatively severe. The children were hospitalized for an average of nearly three weeks, and in some cases, there was permanent impairment. Very rarely was the abused child a previous victim of abuse. However, in nearly half the cases, another child in the same family was known to be a victim of abuse or neglect.

The average age of the abused children was about 16 months. The children were perceived by the parents to be troublesome with regard to every variable. Frequently they were reported as irritable and active and disobedient. In other cases, the children were perceived by the parents as passive and unresponsive. Feeding problems were commonly listed. Further, the children were perceived as abnormal in growth and development, although they were all born full-term with a low rate of birth complications.

The families in this cluster were among the poorest economically in our sample. The fathers were rarely unemployed but worked at the lowest occupational level. The mothers did not work at all. The fathers had less than an eighth grade education, while the mothers had a tenth grade level of education.

The families at the time of the abuse were new to the Los Angeles area. One-third of them were Mexican-American. Most of them were known to the local welfare agency.

A very high percentage of the fathers had suffered severe discipline or neglect in their childhood. By contrast, few of the mothers had a childhood history of abuse or neglect. The mothers were about 22 years of age, which was, on the average, five years younger than the father's age. In none of the cases did the mothers live alone with the children.

Cluster 4

In Cluster 4 the abuse was the second least severe among the clusters. The children were hospitalized for eight days, and there was little evidence of permanent impairment. However, 34% of the children had been previously abused--by far the highest percentage among all the clusters. In 50% of the cases, a sibling of the child had also been abused or neglected.

Mothers were responsible for the abuse in the majority of the cases in Cluster 4. The incidence of abusing mothers was much higher in this cluster than in any other. This cluster is also unique in its relatively high incidence (21%) of abuse by a "non-parent" resident in the home. Biological fathers or stepfathers were not often responsible for the incident. Arrests resulted from the incident in 55% of the cases.

The children were not perceived by the parents as very troublesome and had by far the lowest proportion of feeding problems. The average age of the child was 17 months; in two-thirds of the cases, the child was the youngest in the family.

Cluster 4 includes 40% of our sample, and in many ways fits the description of the circumstances of child abuse typically found in the literature. Thirty percent of the mothers lived alone with their children. Only 36% of the mothers were married, a much lower percentage than in other clusters. Also, families in this cluster had the lowest [illegible] relatives.

Income per family member is extremely low. Only 35% of the households have telephones. The fathers had a tenth grade education, were at a low occupational level and often unemployed. The mothers had an eighth grade education and were unemployed. The families were usually known to a welfare agency.

The mothers were about 22 years old, on the average, and the fathers 25 years old. Both mothers and fathers had the highest incidence of excessive use of alcohol or drugs among all the clusters. Seventy-three percent of the fathers abused alcohol or drugs, and their rate of previous arrest was the highest among the clusters. The mothers had the second highest record of arrest. Half of the families were white and half were Black and Mexican-American.

Both parents had a very high incidence of abuse and neglect in their childhood history. This is the only cluster in which mothers were more often abused or neglected in their childhood than were fathers. The percentage of mothers in this cluster previously abused and/or neglected is more than twice the next highest percentage for mothers in any other cluster.

DISCUSSION

As mentioned above, the main purpose of the cluster analysis was to elucidate patterns of family functioning which might be related to the occurrence of child abuse. It was our view that if strong patterns existed, they would be reflected by the values of many variables, but the individual variables would not be of primary interest. Rather, they would reflect an underlying gestalt which would characterize the relevant aspects of the family situation. In this section we present our interpretations of the gestalt which characterizes the cases in each of our clusters.

These interpretations are offered with considerable tentativeness at this point in our work. Data from about 40 more families will soon be available that include results of an extensive battery of psychological tests and additional information obtained from clinical treatment of the families. These families will then be added to the 99 from this sample, and the total group will next be reclustered. The additional clinical and test data available for some of the families will provide important guidelines for interpretation as well as a partial test of validation of the original four clusters.

A second caution that must be noted concerns a technical problem in cluster analysis. Variables which can take on a greater range of values than other variables may play a disproportionate role in determining cluster structure. The variables which make up the clusters described here do vary in the range of values with this data set that if all the variables are "unitized" to the same scale and then reclustered that we will arrive at an array that suggests there are nine rather than four clusters in the data. These nine clusters are each statistically more homogeneous than the four cluster array, but they are also less interpretable from a clinical point of view.

In the trade-off between clinical clarity vs. statistical clarity, we have opted at this point for clinical clarity. The gestalts in the four cluster array have proven to be easily recognizable by people with clinical experience with abusive families. It is our belief that the nine cluster array represents more discrete subcategories of a larger set of categories that is approximated by the four cluster array. Preliminary examination of the data supports this belief, but the number of variables and families is too small to support finer discriminations. We expect that the next analysis, with more families and more information on one-third of the families, will provide justification for such a classification, i.e., generic categories with subtypes. For the purposes of the present paper, we will stay with the larger and more interpretable generic categories.

Cluster 1: "Flashpoint"

We are at first led to posit the occurrence of an external precipitating crisis in order to explain the abuse in Cluster 1 families, which appears as an isolated incident of extreme severity. Except for the high percentage of mothers living alone with their children, we find no indicators that would typically lead one to predict abuse in such a family. One hypothesis, then, is that the abuse is the result of an abrupt change in the family equilibrium, some event experienced as a crisis which precipitates an assault on the child.

The severity of abuse, coupled with the young age of the child (about 12 months is the average), also suggest that the abuser is a more seriously disturbed person. A serious assault on an infant would seem to indicate a capacity for elaborate projection or over-symbolization of experience coupled with erratic impulse control and a ready reservoir of intense anger. The fact that there are no other gross signs of maladjustment in the family suggest that these are families which would function adequately within a narrowly prescribed routine but which lack the emotional resources to adapt to changes in that routine.

There are some clues to the elements of the crises in these families. One clue is the high percentage of birth complications and children reported as passive and unresponsive. The abused child may in fact be atypical in his development and less adaptable to family routine. He may also cry more and in general respond unpredictably to parental caretaking efforts. In any event, the low incidence of those with siblings in this cluster indicates that the abused child manifested characteristics experienced as particularly abrasive to the abusing parent and probably at a time when the parent was most prone to project special meaning to the behavior (e.g., rejection of the parent's concerns and efforts).

Another clue to the elements of a crisis is the relatively large percentage of mothers who were living alone, compared to Clusters 2 and 3, even though the incidence of marriage in those clusters is about the same as it is in Cluster 1. This suggests recent separations as a source of conflict. In that case the abused child, who is predominately the last born child, may possibly be viewed as an unwelcome reminder of a time of emotional turmoil and even possibly as the reason for the turmoil.

Especially interesting is the fact that although the biological father was in the home in only 47% of the cases, he was responsible for 43% of the abuse incidents. It appears that he is a particularly lethal agent in this cluster, and possibly the person who is suffering from a more serious emotional disability. That conjecture, however, must be tempered by the high percentage of abusing biological mothers in the cluster.

We would speculate that both parents are intensely ambivalent about the abused child and that a family crisis tips the ambivalence abruptly. If the father is present in the home, he will act out the crisis against the child with the covert permission of the mother. If he is not in the home, the mother is not afforded the safety valve of identifying with his aggression, and acts out the abuse herself.

Most impressive about the families in Cluster 1 is that in the absence of obvious problems that would alert one to look for abuse, the most severe abuse occurs. They maintained their home in good repair, were long-term residents in the area, did not abuse alcohol or drugs, in general did not have a history of abuse or neglect in their own childhoods, and had extended family support. We speculate from this that one or both of the parents has a fragile emotional adjustment which is quickly fractured under the stress of a family or personal crisis. A child may become the target of an aggressive and panicky attempt to discharge anxiety and re-establish an equilibrium.

Cluster 2: "Spare the Rod..."

We hypothesize that the abuse characteristic of Cluster 2 families is punitive in nature, intended not to harm the child, but rather to correct its behavior. It appears that abuse by parents is an expression of stern, disciplinary style of child-rearing--a style to which they themselves were subjected in their youth. The fact that these children at follow-up showed by far the lowest incidence of developmental delays suggest that the physical abuse is not an indication of a breakdown in approach to parenting. Such a mode of childrearing is toward the extreme of a continuum with respect to the amount of physical punishment considered necessary and proper.

We explain the high arrest rate for the abuse as resulting from the parents' open admission of responsibility for the act, based on feelings of being justified in their behavior. The abuse incident itself probably stems from a normal act of punishment which has accidentally resulted in more harm to the child than the parents anticipated.

Although the parents report the child to be irritable and active and/or disobedient, the abuse appears to stem not from the parents' attitudes toward the abused child, but from the parents' attitudes toward childrearing. There is no evidence of scapegoating. The abused child was not often previously abused, and very often the other children in the family were also abused. We might speculate that the percentage of siblings abused would be still higher if the parents used physical punishment with girls as often as they did boys. The low percentage of girls abused may be related to a stereotype of male children as more disobedient and rowdy than girls and, therefore, more in need of correction.

The description of Cluster 2 families is characteristic of many abusing families reported in the literature. In addition, we find that the parents are very similar to each other in background and habits. The home appears very stable. In the absence of intervention, we would expect abuse in such families to be chronic, but not severe.

Cluster 3: "You Asked for It..."

In Cluster 3 we see a different type of family pattern in which the stressed father dominates and the mother is unable to interfere to protect the child. We hypothesize that the father has an exaggerated sense of what is a threat to his authority; further, he feels both frustrated from his very low work status and income, and personally threatened that he cannot fulfill the role of provider to the family.

The abuse could occur, then, as a result of the father's personal frustrations stemming from his low income and occupational level. His feelings of inadequacy could be exacerbated by defiant behavior from the children, who then become the specific targets for a more generalized frustration.

There is a high percentage of Mexican-American families in this cluster. These families may have been recent immigrants to the United States, which would explain the short length of residence in Los Angeles typical of this cluster. A recent move to a new city would also account for the relatively low incidence of support from family relatives. An immigrant father may feel that by moving to the U.S. he has personally suffered a loss of [illegible] relative status in the U.S. than in Mexico.

In Cluster 3 families, the mother is much younger than the father and does not work outside the home. These circumstances might suggest that the father desires to dominate the family. Since many of the families are Mexican-American, this situation may also be related to cultural influences.

Finally, we note the extremely high incidence of reports by a parent of troublesome or irritating behavior by the child. If it is the father whose perceptions are reflected by these reports, we might expect that he rationalizes his anger toward the child by seeing it as deserving of punishment.

Cluster 4: "Who Needs It?"

The abuse in Cluster 4 is perpetrated, for the most part, by a mother whose style of life is unstable in many ways. The child abuse appears to be an extension of the abuse pervasive in the mother's life. The mother suffered abuse or neglect, or both, in her childhood, and has a history of arrests and of drug and alcohol abuse.

Most of the mothers are unmarried and many live alone. We hypothesize that the mother lives temporarily with a succession of men and has difficulty forming stable relationships.

The high rate of child abuse by another resident in the home (who is not the father or step-father) leads us to suspect that the mother lives with abusive men with whom she may herself be at risk of physical abuse. It also suggests that she is willing to engage in relationships which are destructive to her children in return for having some of her own needs met. This desperate and needy approach to relationships is likely to attract exploitive men. It is also likely to create situations in which children are seen as interfering with primary needs for gratification.

The fact that the abused child tends to be the youngest in the family and often a victim of previous abuse indicates that infant nurturance is not an important source of gratification to the mothers. This is not surprising given the high incidence of abuse and neglect in the history of the mothers. The demand to provide for her children what she needed herself and never received is likely to be met with resentment. The dependence of younger children in such circumstances is also more likely to be seen as a hindrance to forming other relationships.

The personal troubles of the fathers in Cluster 4 homes are also tremendous. In terms of childhood history of abuse and neglect, unemployment, record of arrests, and current abuse of alcohol and drugs, the father's stresses appear even greater than those of fathers in Cluster 3. These seem to be men who have failed at meeting the demands of conventional society and, way is most immediately expedient. They also appear to be men who need to bolster their confidence by exploiting others.

We hypothesize that child abuse in these families occurs in two ways: (1) when the mother perpetrates the abuse, it is out of frustration with the dependency needs of the child which interfere with her own; (2) when another person is the perpetrator, it is a boyfriend who sees the child as interfering with his needs for gratification.

The fact that the incidence of neglect and abuse is outstandingly high for parents in this cluster raises frightening implications for the children they abuse. This cluster, more than any other, may illustrate the common assertion that children who are abused are prone to become child-abusing parents.

CONCLUSION

The results of this data analysis support the hypothesis that child abuse can be viewed as the product of an interaction between psychological and environmental factors with differential weighting of these factors across cases. Moreover, cases tend to sort themselves into clusters or groups which are clinically coherent, suggesting the need to view child abuse as the common endpoint of various etiological pathways.

This view has implications for clinical practice, research, and social policy. With regard to clinical practice, it would suggest that an adequate typology of abusing families would permit earlier and more effective allocation of scarce professional resources. Our interpretation of Cluster 1, for instance, implies the need for psychotherapy as the primary intervention. The abuse in that cluster appears to be the result of severe individual psychopathology and/or interpersonal conflict. Clinical experience indicates that abusers in this group tend to be rather rigid, untrusting persons who have difficulty expressing anger except in erratic and sometimes violent episodes, and then often toward inappropriate targets. A crying, "demanding" baby can act as the trigger which releases pent-up anger generated from many other sources.[3]

Cluster 2 families in our interpretation would benefit most readily from concrete help in learning to use and trust alternative modes of discipline and socialization. These parents appear to be less conflicted in their relationship to their

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3. Clinical impressions and interpretation of the cluster data in this section are based on experiences with child abusing parents in the Family Development Project at Childrens Hospital of Los Angeles. They are offered here as examples which illustrate application of the clusters and not as proofs of cluster validity.

children and primarily concerned that they grow up to be responsible, law-abiding citizens. It is mostly from this group that we hear comments about the importance of learning right from wrong, respect for authority, and the supposed connection between permissive (i.e., indulgent) parenting and juvenile crime--all of these as justifications for harsh physical discipline of young children. It is not being suggested here that these parental attitudes are merely incidental overlays on otherwise healthy personality structures, but rather that the act of physical abuse itself can be refashioned into less injurious methods of discipline without major changes in personality.

Cluster 3 parents present a different picture. Here the major problem appears to be lack of economic security which erodes the self-confidence of the father and makes him more sensitive to any challenge to his familial authority. The intervention in this case may require, as in Cluster 2, help in managing the behavior of more assertive and active children without physically abusive methods. There is sometimes a tendency for parents in both groups (Clusters 2 and 3) to over-interpret the behavior of active children as willfully defiant and disruptive when in fact it is often just the expression of a behavioral style or "temperament" that has no particular motive or significant psychological content attached to it.

Cluster 4 parents, along with those in Cluster 1, present probably the greatest difficulties for intervention. As with Cluster 1, some kind of therapy is indicated. With Cluster 1 parents, the problem is to engage in psychotherapy a parent whose lack of trust and rigid personality structure present formidable barriers to an effective therapeutic alliance. In contrast, the parents in the fourth cluster tend to establish a therapeutic alliance rather quickly. They are often emotionally needy, somewhat passive, and ready to respond positively to a therapist who is perceived as supportive and more capable than they. The difficulty is that the response is based on a profound sense of personal inadequacy--possibly part of the heritage from the abuse and neglect they experienced as children. The response is thus an implicit demand that the therapist satisfy their emotional needs and take general responsibility for their lives. Mixed with the parents' feelings of inadequacy are feelings of resentment at always being in a helpless role. Authority figures will tend to elicit this response when perceived as demanding changes in behavior. The message, then, is frequently "Tell me what to do so I can defeat you by ignoring what you tell me."

These parents perhaps more than those in any other cluster need a "lay therapist" or "parent aide" as a critical adjunct to conventional therapy (Helfer & Kempe, 1968). This lay therapist can begin to bridge the gap between the parents' expectations and the kind of help formal therapy can actually provide. This bridge is critical if the parent is to stay motivated for therapy and free enough from fears that their own needs will not be met to be able to provide nurturance to their children.

These brief descriptions of differences in intervention programs implied by differences in cluster characteristics are clearly oversimplified. They are offered here mainly as examples of how the development of clusters or "profiles" might guide overall planning of resource allocation and to aid in decisions on child placement.

In general, it is recognized that clinical decision making cannot be based solely on generic categories. Categories always tend to blur individual differences which are sometimes vital to successful treatment. On the other hand, the use of such categories does help to focus thinking and to set initial treatment priorities.

This data analysis also has implications for research. The major implication is that the search for differences between abusive and nonabusive families has obscured important differences among abusers. If data presented in this study were collapsed across clusters into one group and compared to a group of non-abusers, no doubt several differences would emerge. Those differences would depend on the particular strategy employed in selecting a "control" group, but in general one would expect that the abusing families, as a group, would tend to look economically poorer, have younger parents (and more single parents) with a greater incidence of abuse and neglect in their backgrounds, have a higher incidence of alcohol and drug abuse, have a higher incidence of birth complications, etc.

These factors are theoretically interesting and many might reliably discriminate abusing from non-abusing families. On the other hand, these factors when listed all together would also give a rather misleading picture of the "average" abusing family. That picture would be composed of salient characteristics from each of the clusters and accurately portray only a tiny fraction of the real families in the sample. Inferences about etiology based on that composite of factors could also tend to be misleading in that the "average" abusing family would be more of a statistical construct than an actual family.

The advantage of the cluster analysis performed on our data is that it clusters families rather than variables, and differences between families augment rather than diminish the discrimination power of the analysis.

As an example, consider a comparison of the fathers in Clusters 3 and 4. By focusing on a cluster of family variables, we are able to distinguish between fathers who appear similar in poor employment history, childhood history of abuse and neglect, and current history of drug and alcohol abuse, but who have different likelihoods of perpetrating child abuse.

In Cluster 3, such fathers are married to relatively stable mothers. The apparent psychological make-up of the fathers ties them to their families, and they take out their aggressions at home, on the children, in an effort to assert themselves. In Cluster 4, most of the fathers are not married to the mothers, many mothers live alone, and the mothers have an even more abusive history than do the fathers. We expect, then, that mothers, being the more abused of the pair, would more often be the perpetrators of child abuse.

The point of this illustration is that background variables considered singly are not sufficient to explain or predict abuse, but when considered together and along with family interaction patterns, can provide a powerful tool of analysis.

Finally, the clusters also have implications for social policy. The term "battered child syndrome" was coined to dramatize the problem and increase the awareness of the professional and lay communities of its seriousness and prevalence. The term was most successful in doing just that. In the approximately 15 years that it has been in use, we have seen enormous increases in awareness, changes in legislation in all states, an acceleration of reporting rates, and, recently, significant involvement of the federal government in the funding of research and demonstration projects.

The effects of this activity have been for the most part beneficial. However, as reporting statutes have broadened, not only more but also more kinds of abuse are being reported. Most states, for instance, now include "emotional injury" as grounds for reporting, and a revised "model" child abuse reporting law now under review by HEW broadens considerably the categories of abuse that certain professionals would be required to report (including emotional abuse). In short, the "battered child syndrome" will likely represent a much smaller percentage of the total reported cases than was formerly the case.

The term, however, is still commonly used to characterize the entire spectrum of reported child abuse cases. Such a misrepresentation may have serious consequences. The term "battered child syndrome" conjures up the picture of a helpless infant being viciously (and sometimes murderously) assaulted by his caretakers. This picture dictates the need for an emergency mobilization of a full range of protective services, especially the police and courts, and in many areas (including Los Angeles), a heavy reliance on foster care homes to protect the infant from further assaults.

These "four-alarm" emergency procedures are appropriate and necessary in some cases. In many others, however, they may be a drastic overreaction which produces its own set of consequences. They may put the child at risk for deficit emotional development by indiscriminate and prolonged use of foster care effective therapeutic program for the parents, thus putting other children under their care at risk.

To differentiate the cases where removal of the child from his home is indicated from cases where it is not is an enormously difficult task. It involves clinical prediction from a (typically) inadequate data base with risks attached to either decision. The difficulty of the task, however, does not change the fact that this decision is being made all the time in juvenile courts all across the country.

It is clear that a greater understanding of the etiology of child abuse is needed. Diagnosing a problem as child abuse is only a first step in deciding what to do about it. Perhaps the time has come to begin viewing child abuse less as a diagnosis and more as a symptom. The "battered child syndrome" represents only a fraction of all cases. Other etiological sequences must be identified, so that protective service responses can be more precisely calibrated to the specific needs in each situation.

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BATTERED?

There Is Help

The Crime: Assault

A PERSON COMMITS AN ASSAULT WHEN HE/SHE INTENTIONALLY, KNOWINGLY OR RECKLESSLY CAUSES OR THREATENS BODILY INJURY TO ANOTHER.

If your husband or the man you're living with beats you, he is committing a crime. You have **every right** to do something about it. You must take some action for yourself - no one can do it for you. Don't be embarrassed or ashamed; this crime affects at least one in four women.

Battered women come from every race, religion, economic class, educational level, and age. Most remain silent; either believing their husbands or the men they're living with have a right to beat them, or that there are no means of escape for them or their children. Feelings of shame, guilt, emotional dependency or parental responsibilites make it very difficult for a woman to leave. It often becomes a vicious cycle of violence in which the children may grow up to repeat the patterns of their parents. Typically, these assaults are repeated, and woman battering remains the most underreported *CRIME* in the U.S.

What Victims Should Do

- *ESCAPE* — to a neighbor's, relative's, or a public place (i.e. grocery store). *TAKE YOUR CHILDREN WITH YOU.*
- Call your *LOCAL LAW ENFORCEMENT AGENCY*, if you feel it's necessary.
- Seek *MEDICAL ATTENTION* if required.

YOUR LEGAL ALTERNATIVES

Criminal Charges:

- Filing criminal charges means that you accuse your husband or the man you're living with, of assault in a court case. You will not need a lawyer, as the District Attorney will act as your lawyer in court. Also, there is someone through the Victim-Witness Aid Program in the District Attorney's Office who will answer your questions and assist you through the long and involved court procedures.

  You should request the District Attorney to file an assault charge against the man who assaulted you, WHEN:
  1) there has been a serious threat of or actual physical injury
  2) there is good evidence: a photograph of your injuries, a statement by the Doctor who treated you, or a witness who saw the beating or heard the threats. (The District Attorney's Office can assist with the photograph.)
  3) you can show the District Attorney your determination to follow-through (i.e. a separation / divorce)
- *NOTE:* You may encounter resistance in attempting to file charges, because many women in the past have not followed-through with the charges that were filed.
- In most cases the man is never arrested or placed in jail, but is merely sent a letter ordering him to post bond. Even if he is arrested and placed in jail, remember that he may soon be out on bond.

"What is to be done?"

Civil Charges:

- Divorce: The most effective long-term remedy to battering is to file a petition for divorce and request a temporary restraining order prohibiting further abuse. You must be living apart at the time the petition is filed, and the order is enforceable under the contempt powers of the court. Since the temporary restraining order effects the legal rights of the husband without his being before the court, it is very cautiously granted.

  After filing the divorce petition, there is a 60-day waiting period before the final hearing when the divorce may be actually granted.
- Children: If there are children involved always try to keep them with you, for fear of being charged with desertion. However, if you don't have a place for you and your children to live, you can place them temporarily in a children's home, or with a trusted friend or relative. This can be done without fear of being charged with desertion, as long as you make it very clear that you intend to return.
- Lawyers: **Crisis Hotline** can provide information concerning lawyers and legal advocates. The **Houston Legal Foundation** assists people in obtaining legal counsel and a lawyer, if necessary. This organization helps people who have little or no money. The **Lawyers Referral Service** has a rotating list of lawyers to recommend to you, if you do not have one. For Feminist Referral, call **W.I.R.E.S.**
- Caution: You should never talk to the other person's attorney, as he/she can use what you say as evidence against you in court.

LEARN HOW TO AVOID FUTURE ABUSE:

- *CALL A CRISIS INTERVENTION CENTER FOR IMMEDIATE ADVICE AND FURTHER REFERRALS FOR HELP.*
- Contact a *COUNSELLING CENTER* for long-term help. Whether you do go back to your husband or the man you're living with, or not, you can benefit from this.
- Seek a *SHELTER* for you and your children. Do not leave your children with your husband or the man you're living with, because you could later be charged with desertion.
- Consider *FILING CHARGES*, but remember that this is not an absolute solution to your problems, or a prevention of future abuse.
- You may secure a *PEACE BOND* from a Justice Of The Peace, based on a threat of harm. However, it is only a judicial threat; and is of use in just a few cases. You should obtain legal advice before deciding on this alternative.
- You may consider a *LEGAL SEPARATION*. However, this is simply a contract (based on property), and you would have to sue the other person if it is broken. This is not an effective action for battered women to take.
- Consider a *DIVORCE*. This is the most effective alternative for the battered woman. *A TEMPORARY RESTRAINING ORDER* can be issued in a divorce action, to prevent the husband from coming in contact with his wife.
- Consider a *MENTAL HEALTH COMMITMENT*, if your husband or the man you're living with is in need of psychiatric help. You should contact Jeff Davis Hospital Psychiatric Unit.

Help Is Available

Police:

Houston Police Department	222-3131
Harris County Sheriff	221-6000
Your Local Law Enforcement Agency (Refer To Your Telephone Directory)	

Hospitals:

Ben Taub (medical care)	797-1122
Jeff Davis (medical and psychiatric)	659-1199
Hermann	797-4011
N. W. Medical Center	440-1000
Your Local Hospital (Refer To Your Telephone Directory)	

Crisis Intervention:

Crisis Hotline	228-1505
W.I.R.E.S.	527-0718

Counselling Centers:

Y.W.C.A. Support Groups for Battered Women (ask for group in center nearest you)	523-6881
United Fund, Information and Referral	527-0222
Crisis Hotline	228-1505

Shelters:

Calvary Mission — women and children	921-0237
Salvation Army — women and children, Male children up to six years	522-9109
Houston Christian Mission for Women — no children	741-1174
Women's Christian Home — no children	523-7809
Depelchin Faith Home — Children only, temporary or long-term shelter	861-8136

Legal Services:

District Attorney's Office:	
Citizens Complaints	221-5894
Victim-Witness Aid Program	221-6655
City Prosecutor's Office	222-3327
Houston Legal Foundation	225-0321
Lawyer's Referral Service	237-9429
Your Local Justice Of The Peace (Refer To Your Telephone Directory)	
Your Attorney	

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HOUSTON AREA WOMEN'S CENTER

DESCRIPTIVE PLANNING DOCUMENT

Working Draft
Board of Directors - Proposal Committee
January 24, 1978

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The Houston Area Women's Center was developed to respond to unmet or poorly met needs of all persons in this region. We believe that there are many people of both sexes and all age groups who can be helped, either to enrich their lives or to salvage them within the context of a caring organization that focuses on the concerns of women.

In broad expressions, these concerns are: How can I assure myself of my human and constitutional rights? Where is help when I am in trouble? Where can I find the resources to expand my life personally, socially, and vocationally?

Although some organizations or agencies deal with these concerns separately, there is not one place in this region to treat these concerns in a coordinated, systematic way that would (1) maximize the sharing of services and existing community resources, (2) reduce administrative costs, and (3) prevent overlap of services.

Developmental History

The Center began in August of 1977 when a small group of people met because they recognized the need for such coordination and they hoped that together they might create a truly comprehensive women's center. These people were from the Office of the

Women's Advocate for the City of Houston, the Coalition for Abused Women, the Center of Rehabilitating Alcoholics, Catholic Charities, the Harris County Hospital District, the Harris County Health Department, the Houston-Galveston Area Council, and the School of Public Health (The University of Texas Health Science Center at Houston).

After a series of meetings in which all groups shared their personal knowledge as to what was occurring in the region, it became apparent that although some activities had already been started and others were still in planning stages, the efforts of all would best be served by a pooling of resources.

Since the Office of the Women's Advocate had already applied to the Houston Council on Human Relation for a Comprehensive Training Act Grant for three employees to begin work on the developemnt of a limited version of the Women's Center, permission was requested from the Houston Council to apply the funding to the development of a more comprehensive center. The grant was awarded, and since September of 1977, the Center has had a director, program developer, and secretary who work in office space provided by the Houston Council on Human Relations.

In September the first formal meeting of the projected center was held at the School of Public Health. Many other regional persons were invited who represented both organizations, and individuals who were known to have interests, expertise, and resources important to the Center's development. Once again, all participants expressed their encouragement and support.

Subsequently, the Center was incorporated (Appendix A), by-laws were adopted (Appendix B), a governing board appointed which represents to the widest extent possible the richness and diversity of people interested in the problems of women (Appendix C) in this region, and officers were elected (Appendix D). Together all are working toward the establishment of the best and most comprehensive Women's Center anywhere.

Purpose

As adopted by the incorporators, the purpose of this Center is to establish a physical facility where all people can meet to further the particular goal of equality between sexes and the general goals of human rights, and to provide organizational, educational, and therapeutic support for women.

Goals--General

To achieve these purposes four main goals were delineated to:

1. Establish a physical facility
2. Meet the particular needs of women in crises
3. Provide the following services:

    Shelter (Emergency or Interim)
    Legal Counseling
    Psychological Services
    Vocational Guidance and Education
    Child Care
    Transportation
    Referral and Information
    Community Education
    Support and Consciousness Raising
    Recreation
    Health Care
    Health Education

Family Counseling and Education
Resource Center (Library, Audio-Visual, etc.)
Meeting Rooms
Job Bank
Cultural Events
Alcohol and Drug-Abuse Education
Spiritual Counseling
Human Sexuality-Body Awareness Education
Education Services

4. Foster research into needs for provision and effectiveness of services.

Goals--Specific

Physical facility requirements are best considered from the three perspectives of present, short-term, and long-term needs.

Present Needs: These are being minimally met by both the Houston Council on Human Relations which has generously provided office space at 2518 Grant Street for the three employees who work on the CETA Grant, and the School of Public Health which offered rooms for public meetings sponsored by the Center, meetings of the governing board, executive committee, and any standing or ad hoc committee.

The Center's temporary office quarters are cramped and inadequate, and neither the office nor the meeting space provides the type of primary identification needed for the Center.

Short-Term Needs: The Center needs to establish as quickly as possible a physical facility which will house (a) the CETA employees and a minimal number of other employees or volunteers working on the developmental phase, (b) information and referral services space and equipment, (c) one meeting room large enough for the executive committee or any other group of ten to twelve persons wishing to meet, and (d) interim shelter for abused women and children from the region. These services have been agreed upon by the governing board (for reasons developed later herein) as having the highest priority.

Long-Term Needs: Development of physical facilities for the future must allow the expansion of services now only envisioned by the Center and also allow for the numbers of persons not immediately anticipated.

At present these are the needs in a general order or priorities, although some by their relationship to ongoing programs (such as the childcare center or staff space) should be viewed as having equal priorities:

1. A residential facility for recovering female alcoholics and other drug-dependent women including--where needed--their children. This should be developed almost conjointly with facilities for abused women and female ex-offenders to take advantage of shared administrative and program costs which is a primary purpose of the Center's establishment.

2. Short-term residential facilities for women in need, in addition to abused women, female ex-offenders, or alcohol and drug-dependent women.

3. A childcare center providing both day and twenty-four hour care.

4. Clinic room for emergency medical services, physical examinations, etc.

5. Food service facilities.

6. Class and meeting rooms for vacational, counseling, and support-group activities.

7. Individual rooms for private counseling therapy.

8. A resource center for a library, audio-visual materials, etc.

9. Shop facilities for vocational training, hobbies, etc.

10. Recreational facilities with showers for exercise, games, etc.

11. A non-denominational chapel fcr individual meditation or small group use.

12. Adequate permanent and volunteer staff space as each service is provided or expanded.

Goals--Women in Crises

While one of the most important goals of the Center is to assist women in crises, we must emphasize that we believe their assistance will best occur within an environment of normal, healthy women who use the Center to: expand their personal, social, and vocational horizons; share activities with persons in an environment that is women-oriented; and to help each other find the resources to assure human and constitutional rights.

We believe that one of the unique features of this Center--and one we hope to demonstrate to others--is that it is a necessary and valid adjunct to a therapeutic environment to help women in trouble within the context of normality. We believe that women in crises--abused women, women recovering from alcohol or drug dependence, or displaced homemakers and homeless women need not--indeeed should not--

be segregated from their sisters. Most women in this society, by virtue of being women, indirectly share some of the misery of those in crisis; and healthy women can directly share in much of the therapy to restore those less fortunate to health.

Abused Women: Because the need is so desperate, the first priority of the Center is the establishment of an adequate haven for abused women and their children. There is no reason to believe that there are any fewer cases of abused women occurring in the Houston area than in Washington, D.C., which reports between 7500 and 10,000 cases each year. We know that the Houston Police Department reports that at least 40 percent of their calls are for domestic disturbances. Houston's Northeast Medical Center reports that almost all of their assault victims (over 100 each year) are women who have been beaten by their husbands. In October of 1976, 146 women reported abuse to the Houston Police Department, Crisis Hotline, and Ben Taub Hospital.

There are few emergency shelters of any kind in Houston and only two will accept children. The Salvation Army provides shelter for a maximum of seven days, but it does not care for male children over eight years of age. The United Fund Information and Referral Services will provide temporary emergency shelter service. Neither permit extended stays nor is there a YWCA residence for such women in the Houston area.

(A more comprehensive proposal for the support of the abused women project of the Center is listed in Appendix).

Briefly, the need for this project--and the details of our response to it--is documented. As our goals, the center will:

1. Offer an immediate, safe, and positive refuge for abused women and their children.

2. Assist women to direct their lives better by developing their personal resources.

3. Intervene in the cycle of children of violent homes becoming the next generation of abusers.

4. Increase community awareness and understanding of household violence; encourage the development of resources for abused women; and gather data on the extent and nature of domestic violence.

Today in Houston there is no help for abused women except the most meager of emergency refuges. These women need and deserve more.

Alcoholic and Drug-Dependent Women: Another top priority of the Center is to establish a protective and therapeutic environment for the treatment of alcoholic and drug-dependent women through an integrated program of medical, psychological, social, vocational, rehabilitative, and evaluative services.

Traditionally, alcoholism and alcohol abuse have been problems of males for a variety of reasons: in the past many more men than women drank; and fewer women were alcoholics. Few studies of women alcoholics have been conducted, therefore, the research is inadequate in this area. Many women drank at home--alone and "hidden" drinkers were protected by families, friends, the medical profession; and they were ignored by law enforcement agencies.

This has changed. We now know that there are many more alcoholic and alcohol-abusing women. Furthermore, these women are becoming alcoholic at an earlier age. Many also take barbituates or tranquilizers which compound problems of treatment and rehabilitation.

If only one-third of all alcoholics are women (and this is a conservative estimate), there are over 20,000 alcoholic women in Harris County.

In Houston there are only two 50-bed intermediate-care facilities for women. Both are modeled on male facilities. Research literature indicates that male treatment regimes are not as effective with women as they are with men and neither facility permits nor provides for children.

As with the Abused Women Facilities, a more comprehensive proposal for support (Appendix) as to the need for this facility and its operation is later documented in this proposal. Briefly, the overall goals of this project will:

1. Provide an intermediate (post detoxification) residential facility for alcoholic and drug-dependent women and, if necessary, their children.

2. Provide a therapeutic, multimodal and multidisciplinary environment to deal with women's alcohol or drug problems in the context of their total experience in society.

3. Assist the woman in developing an alcohol and drug-free life style that will increase and fully utilize her resources vocationally, socially, and personally.

4. Increase community awareness and understanding of the special problems associated with women's abuse of alcohol and drugs.

It is ironic that Houston, which boasts about having the best medical center complex in the world, has so few and inadequate facilities for the long-term treatment and rehabilitation of alcoholic and drug-dependent women.

Female Ex-Offenders:

Another important objective of the Center is to make adequate provisions for the re-socialization of growing numbers of female ex-offenders here in Houston. Institutional life has changed these women, and upon their release many find it difficult to adjust to pressures of the "outside". Jobs may be denied to the female ex-offender because of her past experiences and involvement with the criminal justice system. When she is released, initial funds for living expenses (housing, food, and transportation) may be insufficient without support from other sources.

Here in Houston, New Directions, Inc., provides a Women's House for female ex-offenders. This is a crowded, fourteen-bed facility that allows women to stay from sixty to ninety days maximum. It offers food, shelter, some individual and group counseling at a cost of $35 per week. However, women with children are not allowed to keep their children with them. This serves to further destroy family unity and to cut off support the woman might otherwise receive from her family.

The problems of employment are indeed some of the most difficult to be encountered by the female ex-offender. The importance of an adequate job bank and placement service cannot be overstressed. The sooner the woman obtains a job, the quicker she will be integrated into the community as a contributing citizen. It is possible that the individual may need further education or vocational training in order to obtain a position.

Also, extremely important is the psychological support role that the Center should play to these women. Individual and group counseling are seen as necessities. Psychotherapy may be needed in some instances. Provisions for inservice training of staff members and volunteers to function in these capacities may have to be made.

Legal services and legal counseling are equally vital to the female ex-offender. The problems they have already encountered with the criminal justice system need to be worked out. Viable alternatives to their previous lifestyles need to be offered to these individuals to assist them with their rehabilitation process.

Goals--General Services

As emphasized earlier, the central purpose of this Center is to provide a wide range of services which are at present either meager or nonexistent for women in this area. Therefore, the Center will provide a wide variety of services organized about three broad areas: Health Services, Information and Referrals, and Social Services.

Health Services: There are many services of the Center that relate to the particular health needs of all women that can best be provided in a context sensitive to and concentrating on women. Also, a program is needed that focuses upon health rather than illness.

Houstonians are fortunate. We have one of the most comprehensive medical centers in the world; and, if ill, one may have access to the most advanced (and expensive medical technology. However, as most metropolitan areas, it has virtually no facilities to maintain or improve one's health. Therefore, the Center will provide personal health care and health eudcation courses for women and their families so that they can assume more responsibility for their health. Nutrition, exercise, proper hygiene, body awareness and human sexuality, and how to get more for health-care dollars spent will be among the areas emphasized.

A full range of recreational facilities will be provided, particularly those that enhance health education courses relating to exercise and body awareness.

Information and Referral: The Center will provide a comprehensive information and referral service as existing servcies for women in greater Houston are scattered and often unknown. One such service presently in existence is Women Information Referral Exchange Service (WIRES), a special project developed by Women in Action, a local community organization with a volunteer staff. WIRES has agreed to provide for Houston Area Women's Center information and referral services as soon as a facility is available.

This service will be maintained on a 24-hour basis, and will serve often as a referral source for the women in crises. Information will also be available on the many educational and cultural events which might have special relevance for women.

Another associated service will be the establishment and maintenance of a Resource Center for materials such as books, pamphlets, and other media of particular use or interest to women.

People, too, are resources. Therefore, one of the Center's related services will be a speaker's bureau to extend to the community the expertise and philosophy of the Center on an outreach basis.

"People" resources from Houston and elsewhere will also be brought into the Center in a series of events throughout the year on topics of special interest to women. These events may include drama, music, presentations, seminars, etc.

Social Services: Social services are important to women, and as with health services, some are often non-existent, indadequate, inaccessible, or scattered through the region. The Center will provide a wide range of such services: creating those that are nonexistant; improving those that are inadequate; making available those that are inaccessible; and concentrating those that may be scattered. Great care will be taken to avoid duplication of pre-existing services; therefore, careful and judicious referral will be practiced.

Included in the social services of the Center will be psychological services, particularly those of a testing variety to provide the basis for proper referrals; legal counseling relative to the special problems of women, vocational guidance, and, if needed--because no appropriate programs exist--vocational education, particularly those designed to raise both the aspirations and vocational levels of women; consciousness raising groups; family counseling and education; the creation and maintenance of a job bank; spiritual counseling; and a general education program especially relevant to the interests of women.

Organizational Structure

The Center is governed by a board of directors who are selected in accordance with the by-laws. The president, two vice presidents, and a secretary-treasurer are elected from this board.

At present there are six semi-autonomous councils: (1) Health Services, (2) Information and Referral, (3) Social Services, (4) Alcoholic and Drug-Dependent Women, (5) Abused Women, and (6) Female Ex-Offenders. The chairpersons of these committees serve on the Executive Committee together with the chairpersons of the six standing committees: Facilities, Fund Raising, Grants and Contracts, Nominating, Proposal Development, and Publicity. (Cf. Organization Chart)

Councils: A most important component of the Center's structure is its six semi-autonomous councils that are organized to bring together dedicated professionals and interested laypersons to provide developmental and operational expertise, as well as wide community support for the various functions of the Center. A governing board member serves as chairperson of each Council, but Council members need not be governing board members. The number and configuration of each Council is left to the discretion of its members.

As needs arise and funds are provided, each Council will have its own paid professional director and requisite staff who will be responsible for the operation of its services designated by the Council. Selection of the specific personnel for these posts are at the discretion of the Council.

Each Council is autonomous for the professional development and operation of the services for which they are delegated responsibility (e.g., therapy for alcoholic women, content of educational programs, operation of the health clinic).

Health Services Council: This Council develops and supervises the many health services to be offered at the Center. Included in these services are the operation of whatever clinic is established; health care and health-education courses; recreational facilities (particularly those concerned with physical fitness); human sexuality and body awareness education; the professional operation of childcare facilities; nutrition and nutritional supervision of food facilities in the Center.

Information and Referral Services Council: This Council develops and operates the information center. Associated responsibilities include the maintenance of a resource center, including a library for books and audio-visual materials, a professional staff library, a speakers bureau, and the development of a community education program which would include cultural events relevant to the Center.

Social Services Council: This Council develops and provides a variety of social services for the Center. Included are psychological services (including both testing and therapy as needed); legal counseling; vocational guidance and education; the development and operation of support and consciousness raising groups; family counseling and education; the creation and maintenance of a job bank, spiritual counseling services; and general education programs.

Alcohol and Drug Dependent Council: This Council provides for the needs of alcoholic and drug-dependent women as outlined in a previous section (cf. p.), and more fully developed in the Alcoholic and Drug-Dependent Women Rehabilitation Proposal (Appendix). The Council is responsible for the professional operation of the residential rehabilitation facilities, including the control of persons admitted, and the design and implementation of treatment programs.

Abused Women Council: This Council is concerned with the needs of abused women as outlined in a previous section (cf. p.), and more fully developed in the Abused Women Facility Proposal (Appendix). The Council is responsible for the professional operation of the residential facilities for abused women, including the control of persons admitted, and the design and implementation of programs.

Female Ex-Offenders Council: This Council is primarily responsible for determining unmet needs of the growing number of female ex-offenders and in making provisions for these needs. Specifically, the Council's duties will include formulation and implementation of: housing--particularly for women with children; creation and maintenance of a job bank in coordination with a program of vocational education and counseling; therapeutic support in the form of individual and group counseling for re-socialization and re-integration into non-institutional life; and provisions for legal services.

A SHORT HISTORY OF THE BIRTH OF A VISION

December 8, 1975, a Certificate of Incorporation by the State of Texas was issued to C.O.R.A. - The Center for Rehabilitation of Alcoholism - which was proposed as a first-class rehabilitation center for women alcoholics. A Board of Directors was formed to explore the genesis of the Center. By Spring, 1977, it became apparent that more resources were needed in the initial planning stages. At that time, Jane Gideon of the CORA Board approached Dave Martin at the University of Texas School of Public Health and asked if the School could become involved in the project. While the School could not be involved in a strictly primary treatment facility, it could be involved in a center that extended beyond to secondary prevention and was broad-based, interventive, and utilized a full range of community resources. The School would be interested in research and evaluation, be able to implement the writing of grant proposals, provide cost/benefit analyses and assist in financial planning.

The School of Public Health's involvement was approved, and the first meeting was May 24, 1977, between representatives of the School and the C.O.R.A. Board. There followed a meeting July 12, 1977, this one also attended by people from Harris County Hospital District, Houston-Galveston Area Council, St. Joseph Hospital, and Memorial Drive Presbyterian Church. At this meeting it was learned that the Women's Rights Coordinating Council, out of Nikki Van Hightower's office, was proposing a Women's Center with intake and referral to a wide spectrum of community resources, and the suggestion was made to explore the possibility of combining the two proposed centers into a coordinated center for all women, with and without problems. The advantages to such a coordinated effort appeared to be (1) maximizing utilization of internal and community resources, (2) reducing administrative costs and (3) preempting overlap of services.

The combined center concept would, then, be able to address the full range of needs in the clients' lives: vocational, educational, emotional, physical, legal, spiritual, recreational, cultural. It would have family counseling, child care assistance. It would provide meeting rooms for women's groups in the community which are not problem-oriented.

August 9, 1977 was the next meeting, representing the School, CORA, HGAC, Coalition for Abused Women, Catholic Charities, Harris County Hospital District, and the Women's Rights Coordinating Council. The WRCC had already applied to the Council on Human Relations for a grant for three CETA (Comprehensive Training Act) employees to begin work on their project, but were very much interested in the proposal to combine multiple projects into one. There followed another meeting August 16, 1977.

The September 7, 1977 meeting was chaired by Nikki Van Hightower, who announced that the grant had been received from the Council on Human Relations for the three CETA employees (Director, Program Developer, Secretary). She explained to the Council how the new coalition had formed and toward what end. The Council endorsed the idea, and said that the CETA employees could be channeled immediately to work on the overarching project, the only stipulation being that the Council be represented on its Board. The Council will provide office space in their facility at 2518 Grant.

It was agreed that, for the present, the name WOMEN'S CENTER PROJECT would be used. It will have its own Board which overarches each component part, the Board being made up of representatives from each participating entity and agency and from entities expected to be used as resources. Each component part (Center of Rehabilitation for Alcoholism, Coalition for Abused Women, etc.) will continue to design their own project, recognizing that each will have isolated needs and need a degree of isolation. Each will proceed with their individual grant proposals and seeking of funding, a certain percentage of which will go into the Women's Center Project, which monies will go toward common administrative costs. This is allowed in grants, being referred to as "indirect costs." The arrangement was compared to a grant within a school, or to the Texas Medical Center, which contains numerous independent institutions.

It was agreed by all that there would be some loss of autonomy, but that that was minor compared to the advantage gained by having a combined, coordinated effort which will generate a top-quality facility.

The nucleus of the start-up Board was designated as those who attended the planning meetings. Additionally a list of names was drawn up of people to invite to be on the Working Board. The first Board Meeting was set for Wednesday, September 14 at the School of Public Health, at which time officers will be elected, an executive committee formed, meeting times set, and goals outlined.

Wier Smith
September 13, 1977

Child Abuse

Principles and Implications of Current Pediatric Practice

*Eli H. Newberger, M.D.,**
*and James N. Hyde, Jr., M.S.***

This paper summarizes data and experience with child abuse pertinent to child health practice. Because of the complex origin of child abuse, and because of institutional and social changes that will have to accompany excellent practice if child abuse is to be treated and prevented, issues of program and policy development are also addressed.

WHAT IS CHILD ABUSE?

The classic paper of Kempe and colleagues defined "the battered child syndrome" as "a term used by us to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent."[26] For the medical profession especially, which previously had not recognized a phenomenon centuries old, the impact of the paper was considerable.[41] The concept of child abuse as inflicted injury in the Kempe paper was admittedly narrow and was associated with constricted definitions of child abuse in the state child abuse reporting statutes which proliferated after the paper's publication.

Fontana proposed a more broadly defined "maltreatment syndrome," where the child "often presents itself without obvious signs of being battered but with the multiple minor evidences of emotional and, at times, nutritional deprivation, neglect and abuse. The battered child is only the last phase of the spectrum of the maltreatment syndrome."[9]

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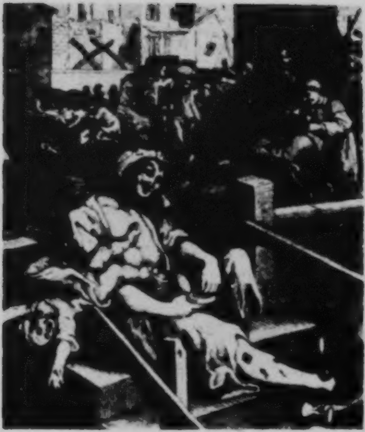

Figure 1. *Gin Lane* by William Hogarth (1751), visually summarized the impact of alcoholism. In this detail are portrayed three metaphors of different aspects of a broadly conceived notion of child abuse: a mother's death and her child's abandonment, a child impaled on a stake and, prominent in the foreground, a baby tumbling from its drunken mother's arms to the sidewalk.[27]

Underlying both narrow and broad definitions of child abuse are implicit concepts of parental fault, which are vividly underlined in Chapter 1 of the second edition of Fontana's book *The Maltreated Child*: "Today . . . the important battle continues between the child murderer and the child saver."[9]

Such strong and angry responses to child abuse are not rare in the professional literature and in journalistic treatments of the subject. They derive in part from the intense feelings which cases of child abuse evoke in everyone and in part from our limited understanding of a complicated problem with multiple causes and many manifestations in child, adult personality, family, environment and culture.

The knowledge base about child abuse remains conceptually and methodologically limited, as the following statement in a working paper for the Joint Commission on the Mental Health of Children pungently points out: "We can state without equivocation that in view of the ubiquity of the problems here under view, and their contribution to a myriad of other social ills, the paucity of studies of substance and rigor is shocking. . . Endless fritterings of academic nonsense have gained funding under the dubious claim of constituting basic research, as if theoretical advances had never arisen from applied fields. Most such studies are of children easily brought under study, which usually implies considerable interest and intactness in their parents' personalities."[39]

Our understanding of the problem of child abuse is advanced by several recent descriptive reports which demonstrate that childhood accidents and child abuse are temporally associated,[11, 19, 23] that the parents of abused children are rarely neurotic or psychotic,[31] and that the developmental sequelae of child abuse and neglect are serious.[7, 30] Child abuse has also been observed to be associated with poverty, low birth weight, parental alcohol and drug abuse, crime, social isolation, marital stress, and unemployment.[14, 16, 27–29, 43, 44] There are also data which suggest that the coordinated interdisciplinary management of child abuse can reduce the toll of reinjury while children stay in their own homes.[4, 35]

A helpful integrating concept in the diagnosis and treatment of child abuse is the family's capacity to protect its child, either from the consequences of their own angry feelings toward him, or from the hazards of his nurturing environment. Whether or not an injury is intentionally inflicted is of interest and possibly of importance, but understanding its origin and identifying what can be done to strengthen the child's environment might better be the goals of diagnosis of child abuse.[34]

This is not to say that a parent's anger, expressed actively or passively toward a child, is not primary in many child abuse cases. Steele and others have drawn attention to abusing parents' excessive and premature expectations of their children.[12, 45] Often, the angry feelings of which the child's injury is a symptomatic expression appear to derive from the violent circumstances or deprivation of the parent's own upbringing, and they may reflect a deep disappointment that the child has not been able adequately to fulfill the parents' own nurturing needs.[24, 27] This last phenomenon has been called "role reversal" in the psychiatric literature.[32] It is indeed important in one's conversations with parents to ask about their feelings toward the child and to find out about what their own childhoods were like. A particularly sensitive chapter on how to approach parents of an abused child is found in "Helping the Battered Child and His Family."[10]

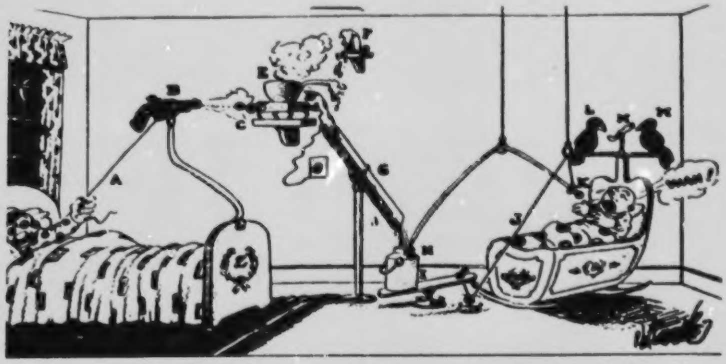

Figure 2. Rube Goldberg documented with characteristic flourish one parent's ability to protect his baby who awakened him in the middle of the night and made him angry: "Pull string (a), which discharges pistol (b) and bullet (c) hits switch on electric stove (d), warming pot of milk (e). Vapor from milk melts candle (f), which drips on handle of pot causing it to upset and spill milk down trough (g) and into can (h). Weight bears down on lever (i), pulling string (j) which brings nursing nipple (k) within baby's reach. In the meantime baby's yelling has awakened two pet crows (l and m) and they discover rubber worm (n) which they proceed to eat. Unable to masticate it, they pull it back and forth, causing cradle to rock and put baby to sleep. Put cotton in your ears so you will not be bothered if baby wakes again."[17]

In the development of a program to help a family better to protect its offspring, one needs to identify *strengths* in a family which can be built upon and *resources* which can operate effectively to integrate child and parent safely.

APPLICATION OF THE PROTECTIVE CONCEPT IN DIAGNOSIS AND INITIAL INTERVENTION

CASE 1. *Drugs, Injury and Denial.* A 10 month old boy was brought to the emergency room by his mother, a 19 year old unkempt woman who on arrival said that she had recently been taking illegal psychoactive drugs. Physical examination showed a stuporous child with a massive hematoma overlying the left orbit. On inspection the right eye was deviated leftward. The mother volunteered that she had been in the child's room where quite by chance a broom had fallen over a shoe. She inadvertently stepped on the shorter side of the broomstick, which, with the shoe as a fulcrum, catapulted the broom into the child's crib, hitting him on the head and causing his injury.

This blatantly fabricated explanation for the child's injury might be taken by a physician or nurse, angered by such a grievously injured baby, as an intentional falsification. One might be tempted to hammer away at the proffered story in an effort to make a definitive diagnosis of the "battered child syndrome." This might expiate some of one's own angry feelings, but it might actually harm the prospects for the establishment of professional relationships in order that both mother and child can receive the treatment they desperately need.

The mother's story should be accepted for the moment, and it should be construed by the professionals managing the case as representation of how profoundly threatening to the mother's sense of herself is the reality that she has been so unable to protect her baby. Her denial of this reality may be seen as a desperate attempt to hold herself together, and there may be a conscious effort to conceal the facts of the injury for fear of legal, punitive reprisal. Shorn of her defenses by an interrogatory diagnostic approach, she might resort to a more primitive ego defense, such as resistance to talking about the problem at all, blaming the hospital for the injury, or taking the child and running from the hospital.

One needs to give the child the necessary emergency treatment and protection and to attend to the parent's distress at the same time. It is appropriate to emphasize to the parent the need for the child's treatment and protection and to express one's ability and interest in helping the parent through the crisis. This is a difficult and vexing process for doctors and nurses, who can be overcome with anger toward abusing or neglectful parents. It is well to keep in mind the need to form a *helping relationship* which will lay the groundwork for future intervention to strengthen the protective ability of the mother and her tie to her child. This long-term management goal can be identified and kept in mind from the outset, notwithstanding the implicit or explicit efforts of the parent to obscure the true instrument, timing and circumstance of the child's injury, the parents' social status or personal attractiveness, and one's own angry feelings toward the parent.

CASE 2. *Poverty, Depression and Severe Neglect.* An 8 month old child came to the emergency room with her mother, who complained of her inability to gain weight. The mother was poorly dressed and obviously depressed. Physical examination showed a tiny, emaciated child who did not respond to play (Fig. 3). There were moderate hip and elbow contractures. Her weight and length were well below the third percentile. The mother was unmarried, and the patient was the fourth child of a fourth father. The mother was born and raised in North Carolina, where she left her oldest child on coming to Boston a year before to find work as a domestic. Both maternal grandparents were seriously ill in North Carolina. She had no child care for her two older preschool children. Mother and children were supported by Aid to Families with Dependent Children; the stipend was about $235 a month, of which $115 went for rent. The mother said her teeth ached constantly, but she had been unable to get to a dentist. She also complained of back pain, fever and listlessness, and a urinary tract infection was shortly discovered.

In this case, a young, depressed mother failed abjectly in her wish to settle her family in an alien metropolis. She could not get child care, dental care, decent employment or health care, including contraceptive services. Her child's neglect was not taken to be her fault, and a compassionately conducted family assessment permitted identifying a management program which enabled the child to thrive in her care. On discharge from the hospital, a homemaker came 3 days a week, a visiting nurse on alternate days. Weekly clinic visits were scheduled. Preschool services were found for her two older children. A social worker gave weekly counseling, which was associated with an increase in the mother's self esteem. Dental and medical treatment, along with the other elements in the management plan, were coordinated by the social worker.

At a 5 year follow-up the patient was physically and psychologically normal. Her family, including a new younger brother, were happy and healthy (Fig. 4).

Were one so inclined, one could, on the basis of medical criteria

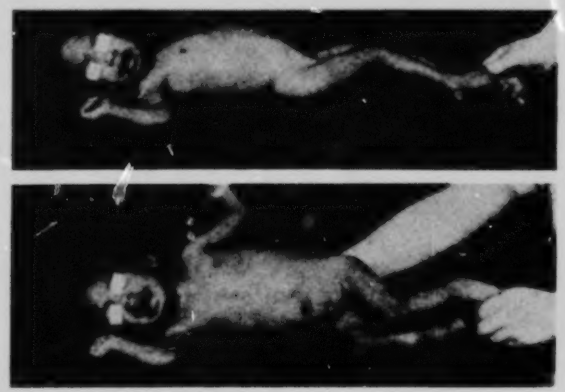

Figure 3. Case 2. Eight month old infant with failure to thrive whose mother was depressed, impoverished and ill.

Figure 4. Family of case 2. four years after intervention. The patient is at the left.

alone, argue successfully in virtually any district, juvenile or family court in the United States that this child was in need of care and protection and should be found by the court to be dependent on the State. Such a practice, which occurs regularly, could aptly be characterized as a form of "blaming the victim".[12] Here, both mother and child can be seen as victims of a social system which distributes jobs, goods, and child health and development resources unequally.[15]

Homemaker, child care, counseling and dental services are frequently expensive and difficult to obtain. The long-term effects on child and family of foster home placement, however, are known from recent studies both to be psychologically and financially costly.[8, 20] It is essential that medical personnel invest the necessary time and energy to assure that, when possible, families can stay together. To do so may involve, as it did in this case, time-consuming conferences with the welfare department, letters requesting homemaker and nursing services, purposeful and systematic efforts to engender a relationship of confidence and trust with a parent who has no previous successful experience with helping services, and convincing one's skeptical colleagues that staying with the family may be in the child's best long-term interest.

The arguments advanced in the recent book *Beyond the Best Interests of the Child* have been influential in framing discussions of the management of individual cases.[18] In this book, distinguished figures in psychiatry and law propose that the traditional criterion for decision-making in child welfare cases ("the best interest of the child") is insufficient. One would often do better, they note, to choose "the least detrimental alternative." Such a concept provides a yardstick to measure for the child in question the impact on his development of a decision affecting his family.

At the time the critical judgment was made to invest professional resources in this fragile family, one could not have been sure that the decision to send the child home with her mother was "the least detrimental alternative." Now it appears to have been. The capacity to *predict* the differential outcome of various interventions is limited. This is a provocative and helpful book for medical personnel concerned with child abuse and neglect, although a superficial reading of it may arm one's colleagues (if not oneself) with apparently simple and unitary formulas for complicated clinical problems with multiple causes. These demand flexibility and creativity in deploying intervention tools appropriate to each case.

CASE 3. *New Year's Eve and a "Battering Sibling."* A $2^{1}/_{2}$ year old girl was brought by the police to the emergency room in a blanket after having been found unconscious on the grass outside a housing project on New Year's Eve

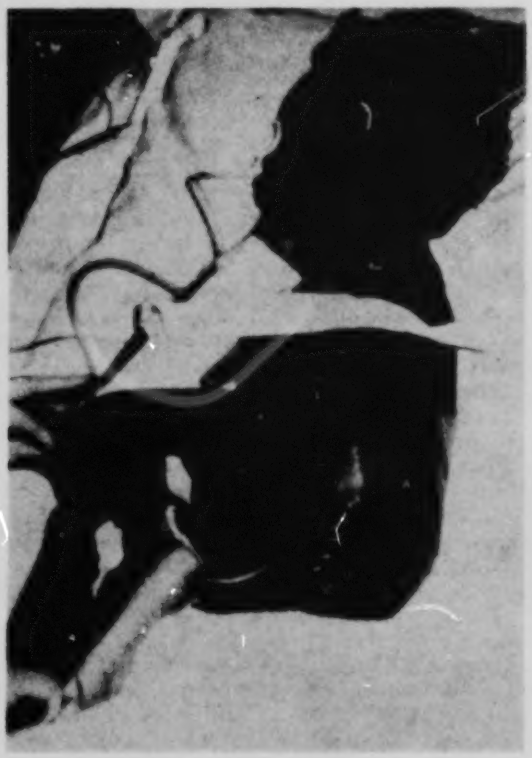

Figure 5. Case 3. A $2^{1}/_{2}$ year old girl who fell from a sixth story window

(Fig. 5). The outdoor temperature was in the low thirties. Physical examination showed a semicomatose child whose skin revealed a 3 cm. linear laceration of the left buttock and poor general physical hygiene, including tattoos of dirt on the plantar surfaces of both feet.

The child's mother arrived at the hospital within the hour and informed the physician that she had left the patient in the care of her 5 year old sibling. According to the sibling, the two had been running naked in the apartment, when the older child, angered at the patient, took a knife and chased her, managing to lacerate her buttock before she climbed upon the window ledge, and in her desperation to escape from her sister, opened the window and jumped from the sixth floor.

Further interview disclosed that the patient's mother became pregnant with the older sibling, whose behavior had previously been noted by a local health center to be distressed, when she was a resident at a training school for girls, to which she was sent by the juvenile court after *her* mother asked that she be declared a stubborn child. By virtue of her child's birth, she became an emancipated minor. She was liberated to live with her child in a housing project on an Aid to Families with Dependent Children stipend, estranged from her mother and family and alienated from the social "services" which had so clumsily intervened in her own young life.

One might look on this case as an example of the "battering child" syndrome[1] and simply attribute the child's abuse to a different "perpetrator" than the parent customarily identified as the cause of the child's injury. Similarly, a more penetrating and accurate formulation might address the obvious failure of the mother to protect her 2 year old from her predatory sister. Both "diagnoses" are correct, in the sense that they address proximal causes of the presenting lesions. Unfortunately, however, the roots of the problem extend deeper. One may look on this patient's injuries as symptoms of more complex familial and social problems, which challenge one's capacity as a medical worker to cure the individual case or to prevent future similar cases.

The origins of the 2 year old's injury are at least two generations back, from the distressed relationship between her mother and grandmother. The court action which led to the mother's placement in a training school – in reality a prison for children – may have been the only way that the grandmother was able to get help for her problems with her teenaged daughter. This is an example of how so often, as Bronfenbrenner aptly noted, American service institutions are divisive rather than integrative of families.[3] Additionally, one might observe that the services which society made available to this young mother when she was a child, the court and the delinquency "program," could neither anticipate her future nor provide adequate services when she became a mother. Other social institutions, the welfare "service" system, the Boston public housing "program," and the child health services which were equipped only to do minimal health promotion, conspired passively to let her not inconsiderable personal and psychological problems take their toll on her offspring.

It was only when her child was abused that a systematic and coordinated effort to provide counseling, child care, health care, homemaker and better housing began. Ironically, and tragically, it was necessary to invoke the authority of the same juvenile court which committed her as an adolescent to force her to accept these services. It was impossible to convince this mother that we meant to help her better to care for her children. Her experience with "helping" services had been unrewarding or punitive, and she had no basis for trust.

As medical practice is currently organized, it is often impossible to operate effectively on the causes of individual child abuse cases such as this one. To prevent future such cases will require attention to the distribution and quality of such social services as housing, health and counseling, the courts, schools, as well as opportunities to compete for the essential goods of society.

The disturbing question of whether our culture actually *needs* child abuse has been raised by Gil and by Gelles.[13, 16] Simply summarized, the question is whether the sensational nature of the problem conveniently obscures its true social determinants (Gil uses the provocative metaphor "smokescreen" of public and professional interest), both because of society's need to obscure its neglect of so many of its young by depriving them of the resources necessary for them to grow in families whose basic needs for goods and services are met, and because of individual families' needs to make acceptable their own violent parenting practices.

The acceptance of violence in our culture is undoubtedly part of the complex causal underpinning of child abuse. A vivid visual reminder of the acceptability, and even the desirability, of violence in our culture is found in Figure 6, which portrays the culmination of a "fox kill" in rural Virginia. Here, a toddler is giving the *coup de grace* to a fox driven from its lair into a circle of waiting clubs.

These three cases give a general impression of the complexity of child abuse. Its diagnosis requires more than a comfortable reconciling of symptoms with parental explanation; its management includes tools not found in the medical clinician's own office; and its prevention shall involve addressing cultural traditions, social values and economic realities which exert a deleterious impact on a family's ability to protect its offspring.

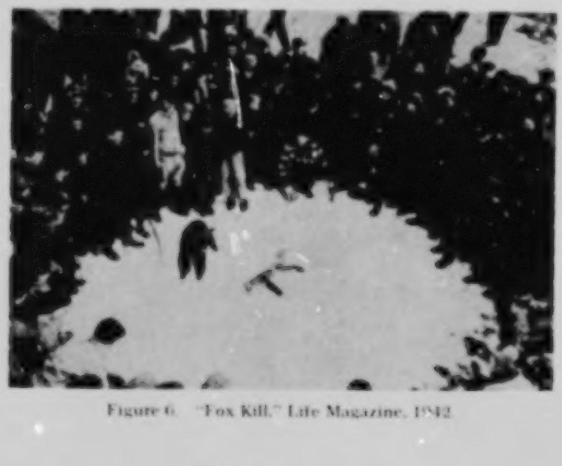

Figure 6. "Fox Kill," Life Magazine, 1942

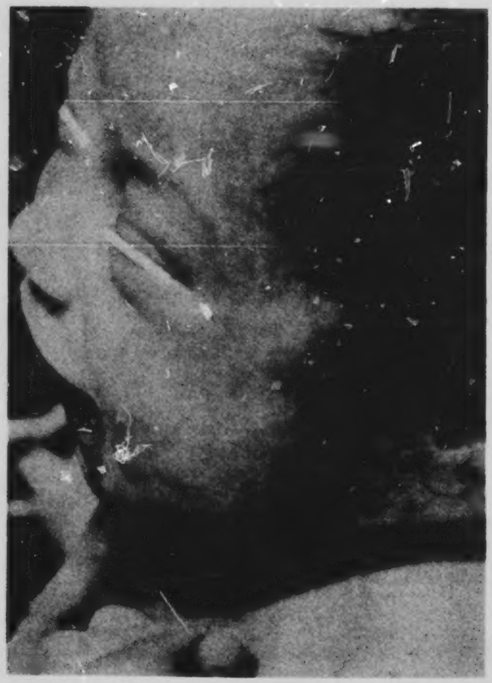

Figure 7. Case 4. Three week old infant with hand-shaped ecchymosis on left temple.

The next case raises another complex set of questions, including the mental illness of a parent and the problems associated with the reporting of middle-class families where child abuse has occurred.

CASE 4. *A Professional Person's Child.* A 3 week old boy was brought to the emergency room by his mother, who promptly informed the staff that the child had received his injury, a hand-shaped ecchymosis over the left temporoparietal area, at the hands of his father, a professional person who worked in another hospital in the Boston area (Fig. 7). The professional staff was reluctant to report the case, as mandated by law, to the Department of Public Welfare. The father was seen by a social worker and psychiatrist, who noted a severe personality disorder, with paranoid features and poor impulse control. He associated the birth of his first child with a sense of abandonment by his wife.

In the present case, the issue of primary adult psychopathology is raised. The findings in the psychiatric and psychological literature are somewhat in conflict on this point. One controlled study of the personalities of abusing parents indicates no definite pattern of neurosis, drawing attention to severely frustrated dependency needs and serious parental inabilities to empathize with their children.[31] Another larger study, where the cases were of significantly lower social class than the controls, indicated a high prevalence of parental personality disorders and neuroses.[44] Here, the psychiatric consultant's perceptions and recommendations were helpful in treating the problem.

It is well known that professional personnel are frequently reluctant to report child abuse cases from middle and upper-class homes. Surveys of the private practitioners who care for the children of more affluent families indicate that they are seeing many more cases than they report.[2, 36] And the 1965 poll of a representative sample of ordinary American citizens conducted by the National Opinion Research Center as part of Gil's national study of child abuse in the late 1960's led to a national incidence extrapolation for which the 95 per cent confidence interval was 2.5 to 4.03 million cases, at a time when fewer than 7000 cases were reported each year.[16] The data suggest that child abuse is more prevalent among middle and upper-class families than case reports indicate.

The same survey also posed the intriguing question, "Could you injure a child under a year of age in your care?" to which 6 of 10 respondents gave an affirmative reply.

A disproportionate number of families who are poor or nonwhite appear in case series of child abuse and in registers of child abuse case reports. To what extent do the circumstances of poverty contribute to this apparently greater frequency of the phenomenon among poor people? And to what extent does the preferential selection for reporting of impoverished families make it appear that poor people abuse their children more? Recent research findings suggest that certain environmental and social stresses are importantly associated with child abuse.[37] These may be experienced disproportionately – but not exclusively – among the poor.

Figure 8 displays child abuse case reports to the Boston area Welfare Department in 1971. The legend at the top which summarizes the numbers of cases reported by physicians in practice suggests in part why such a large number of the cases on the rolls were poor. The reports came predominantly from four inner-city hospitals with active

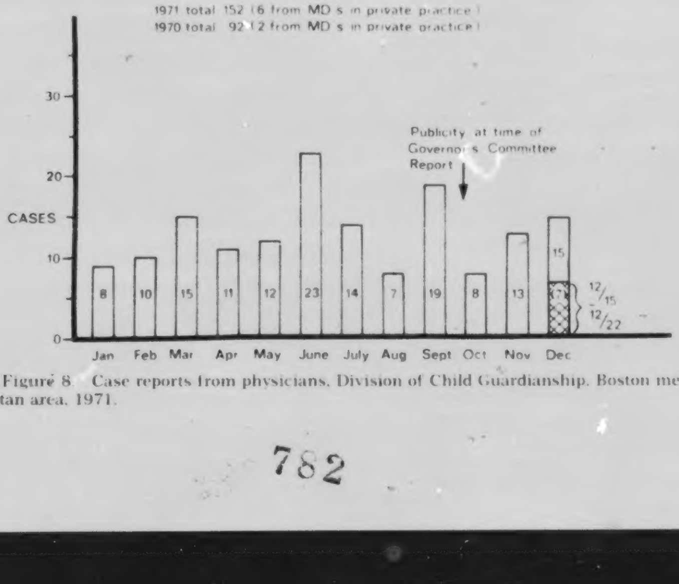

Figure 8. Case reports from physicians, Division of Child Guardianship, Boston metropolitan area, 1971.

emergency services, where poor families' children receive episodic primary care. Also of note in the figure is the high weekly prevalence of child abuse in the week before Christmas. This implies that child abuse, like such other human troubles as suicides, disturbances in prisons and mental hospitals, and violent crimes, gets worse at times of year when people long for missing family supports, and, in their desperation, may turn on their children when they make unacceptable nurturing demands.

HOW EXTENSIVE IS CHILD ABUSE?

There have been many efforts in the interval since Kempe's landmark paper to gather insight into the extent of the problem of child abuse in America. Gil's projected upper-bound estimate of between 2.5 and 4 million cases each year[16] contrasts sharply with the extrapolation to the national experience of the findings of a 1970 survey of physicians and hospitals in Massachusetts.[33] The incidence figure applied to the population of all 50 states resulted in an annual estimate of 200,000 cases. In 1972, approximately 22,000 cases of child abuse were officially reported, while Kempe in the same year estimated that there were about 60,000 incidents.[6, 21]

One cannot but be impressed that information from such respected and competent sources can be so widely divergent. There are several explanations:

1. No uniform definition exists for the events being counted. While some experts employ narrow definitions, such as the one implicit in the phrase "battered child syndrome," others include in their estimates children who are neglected or have suffered emotional abuse.
2. Estimates which derive from cases reported to state and local authorities reflect artifacts of bias toward the reporting of certain demographic groups in particular areas.
3. Incidence estimates derived from child abuse case reports lump together data from many different jurisdictions. These have diverse criteria for reportability.

Clinicians may wonder why they should be concerned with the problems of defining the extent of child abuse. The matter is of concern because of the current state of the service delivery system and the availability of services for families whose children have been or are at risk of being abused. The recent enactment of federal child abuse legislation, PL93-247, as well as the continuing evolution of state statutes across the country, has focused national attention on the problem. At present there are few if any states which have child protective service personnel and resources to deal adequately with the ever-increasing number of new cases reported, not to mention the much larger number of families who have already been identified as needing services.

Table 1 contrasts the relatively small number of case reports in 1968 with the much larger number in an incomplete 1972 survey.[6, 16]

Because the services provided in the public sector are an integral part of the child abuse management system in all states, it is well for

Table 1. *Comparison of 1968 Reporting Statistics with 1972 Experience*

	GIL, 1968[15]			SUSSMAN AND COHEN, 1972[8]				
							Confirmed	
STATE	Total	Abuse	Non-Abuse	Total Abuse and Neglect	Abuse	Neglect	Abuse	Neglect
Alabama	43	34	9	3826	87	3739	-	-
Alaska	11	10	1	349	145	204	87	33
Arizona	2	2	0	-	-	-	-	-
Arkansas	20	17	3	4092	92	4000[b]	-	-
California	4016	1258	2758	39,564	5592	33,972	-	-
Colorado	78	67	11	373	373	-	-	-
Connecticut	78	73	5	-	-	-	-	-
Delaware	16	13	3	349	49	300	-	-
Florida	10	9	1	29,964	-	-	9711	-
Georgia	62	55	7	320	320	NA[a]	-	NA[d]
Hawaii	42	35	7	1051	609	442	274	206
Idaho	2	2	0	-	-	-	-	-
Illinois	494	376	118	8011	1028	6983	-	-
Indiana	125	124	1	710	710	NA[a]	-	NA[d]
Iowa	186	132	54	-	-	-	-	-
Kansas	61	58	3	2331	888	1443	-	-
Kentucky	40	34	6	300	300	-	-	-
Louisana	14	13	1	-	-	-	-	-
Maine	5	4	1	-	-	-	-	-
Maryland	504	324	180	-	-	-	-	-
Massachusetts	156	114	42	3512	212	3300	201[c]	-
Michigan	721	539	182	16,204	1748	14,456	-	-
Minnesota	107	95	12	262	262	NA[a]	-	-
Mississippi	23	22	1	29	29	-	-	-
Missouri	72	54	18	935	935	NA[a]	-	NA[d]
Montana	11	8	3	-	-	-	-	-
Nebraska	16	16	0	-	-	-	-	-
Nevada	39	31	8	-	-	-	-	-
New Hampshire	23	20	3	-	-	-	-	-
New Jersey	50	37	13	3214	-	-	-	-
New Mexico	13	13	0	-	-	-	-	-
New York	989	574	415	3319	3319	-	-	-
North Carolina	155	102	53	10,064	1602	8462	-	-
North Dakota	2	2	0	9	9	-	-	-
Ohio	146	128	18	1119	-	-	-	-
Oklahoma	12	12	0	400	-	-	-	-
Oregon	30	30	0	347[b]	-	-	-	-
Pennsylvania	555	385	170	1080	1080	-	532	-
Rhode Island	0	0	0	2060	-	-	1502[c]	-
South Carolina	41	38	3	27	27	-	-	-
South Dakota	0	0	0	-	-	-	-	-
Tennessee	116	72	44	372	372	-	98	-
Texas	1282	1282	0	1027	-	-	338	-
Utah	27	17	10	-	-	-	-	-
Vermont	7	6	1	12	12	-	-	-
Virginia	48	35	13	92	92	-	-	-
Washington	122	81	41	5500	1200	4300	-	-
West Virginia	16	15	1	41	41	-	-	-
Wisconsin	296	213	83	632	632	NA[a]	-	NA[d]
Wyoming	4	4	0	178	59	119	-	-

[a] Not available
[b] Estimated
[c] Total Abuse and Neglect
[d] Not applicable

physicians and other professionals concerned with child abuse to be aware of disparities between need and service. Accurate data on the incidence of new cases and the prevalence of children already identified, and therefore still at risk, will be an important stimulus for the improvement of services to abused children and their families.

OVERVIEW OF CURRENT CHILD ABUSE REPORTING LEGISLATION

All 50 states have child abuse reporting laws which mandate certain professionals to report cases of child abuse or neglect. While the specific details of these statutes vary, the formats of the individual laws follow similar patterns.[5, 10, 38] Currently, 36 states incorporate *statement of purpose* clauses in their statutes.[46] The majority of these statements speak to: (a) the necessity of providing protection to the child; (b) the prevention of further abuse; (c) the provision of services to families; and (d) the non-punitive intent of the law: to help the family rather than to identify and punish the perpetrator of the act.

There is variability in the manner in which states have chosen to define abuse, and the trend nationally has been in the direction of *broadening the definition*. While some laws enumerate reportable conditions in technical language, others may define abuse as generally as "...exploiting a child to such an extent that the child's health, morals, or emotional well-being is endangered".[46] Wald's recent scholarly review speaks pointedly to the need for the development of realistic standards.[48]

As the trend in defining child abuse has expanded the criteria for reportable conditions, so too has the *list of mandated professionals required to report* been lengthened. All states require physicians to report; 34 states require reporting by nurses, 25 by social workers, 24 by teachers and 9 states by police officers.[10] Additionally, 16 states require reporting by "another person who has reasonable cause to suspect," and all states *permit* reporting by any citizen.[10]

Immunity from liability for reporting cases of suspected abuse is a universal feature of these statutes.

Most child abuse laws *abrogate privileged communication* between patient, client and physician, social worker or other mandated professional when such communications involve child abuse as defined by the individual statute.

Many child abuse reporting laws treat extensively the *procedure to be followed by the agency receiving a report*. Most often this involves: (a) investigation of the situation leading to the report within a specified period of time; (b) provision of services to the victim and his family; and (c) authorization empowering the mandated agency to remove a child from its home in a bona fide emergency, in six states without having to prove in court the degree of danger.[46]

Most states include provisions for the establishment of a *central register* as a repository for information of all reported cases of abuse and neglect.

The majority of states have provisions for some form of *penalty for failure to report*. The sanctions in these states range from a simple misdemeanor to one year in prison or a $100 fine. Kempe has recently noted that a person failing to report a case of child abuse may be liable for damages in a civil suit.[25] There are now at least two cases in which physicians and a hospital were sued for malpractice. In one, a substantial award was made.

IMPLICATIONS OF CHILD ABUSE REPORTING STATUTES FOR CLINICAL PRACTICE AND SOCIAL POLICY

An accepted tenet of child abuse management tells professionals to be compassionate and to convey to parents their interest in helping to maintain the integrity of the family unit. On the other hand, child abuse reporting laws force physicians and others to make judgments about families which they and the family may feel are onerous and heavily value-laden. Additionally, the perceived effect of reporting is to bring to bear a quasi-legal mechanism which, while in theory nonpunitive in orientation, may be the opposite in practice. In such states as Virginia and California, parents may be jailed as a result of the mandated case report.

One may thus be torn between one's legal responsibility to report and one's clinical judgment which may suggest that reporting itself may jeopardize the opportunity to develop a satisfactory treatment program for the family. Often this conflict is expressed in reticence to inform families that they are being reported, or reluctance and even frank refusal to report cases of abuse and neglect.

While there are no cut and dried rules which resolve this conflict definitively, two simple guidelines make it easier for the mandated professional to come to terms with legal responsibility and clinical judgment:

1. The family must be told that a report is being filed. Much of the apprehension which may surround the receipt of this information can be alleviated by explaining to the family what the reporting process is and is not; it does not necessarily mean that the child will be taken away or that a court hearing will be held. The reporting process can best be presented to the family as a referral of the family for services, and an explicit acknowledgment that they have a serious problem in protecting their child which others, including the reporting practitioner, can help to solve.

2. The mandated reporter can also explain to the family that the report represents an obligation on the part of the practitioner which he or she is bound by law to fulfill.

Often, rather than reacting in a hostile or angry way, families will greet the news with relief. The reporting process may produce help which they have been seeking for a long time, and they may be relieved to hear that the suspicions others have had about them and their parenting are finally out in the open where they can be dealt with in a straightforward manner.

While such an approach to child abuse case reporting may palliate the anxiety of reporter and family, it does not remove the real, inherent labeling and stigmatizing aspects of the reporting process as it exists in most of the states today. Unfortunately, this is a problem that cannot be alleviated simply by a revision of reporting itself; it is rather an aspect of our society's perception of child abuse and the abusing parent. So long as child abuse is viewed as a form of radically deviant behavior, and as a symptom of pathology and sickness in others, the stigmatizing process will continue. All concerned to prevent and treat child abuse have, therefore, a responsibility to demythologize the problem: to recognize that the potential to act in ways which we identify as deviant is in all of us. Until attitudes and policies change toward troubled families, where children may bear physical signs of their distress, we shall have to work within the prevailing legal framework and to assure to the extent possible that children and families are helped – not harmed – by it.

All state statutes abrogate privileged communication when it involves a case of known or suspected child abuse. In reporting to mandated state agencies, the reporter should identify the facts as they are known; hearsay and secondary source information can be labeled as such. At least 44 states have provisions in their statutes for central registers, which may become repositories for information both founded and unfounded, depending on the expungement provisions of the individual statutes. Who has access to this information is left up to the individual states, and it is well to remember that information that is submitted in such reports may be used at some later date to raise the issue of competency of a family or the risk to a child.

The principle on which most prevailing statutes are built is that services should be made available to families in which child abuse has been reported as a problem. The reality in most states is that the actual funds available for the implementation of these statutes nowhere nearly approximates the existing demand for services. This problem has been seriously exacerbated recently by expanding reporting criteria and lists of professionals mandated to report cases of abuse and neglect.

Even in the presence of an efficient system for identifying families where child abuse has occurred, budgetary constraints may make it impossible for adequate services to be provided except in the most critical of cases. This makes it incumbent on the individual reporting a case not simply to view the report as a referral for service which will go forth with or without the professional's continued involvement in its management, but rather to *assure* that help will be given and that the family will not fall between the cracks of the service structure.

The essential elements of child abuse and neglect emergency management are summarized in Table 2.

MODEL SYSTEMS

Translating these complex and sophisticated clinical practices into effective programs for large numbers of children and families is a challenge not to be taken lightly. In closing we should like to propose 14

Table 2. *Emergency Management of Child Abuse and Neglect*

Diagnosis

Is this child at risk? If his presenting complaint arouses suspicion, act on it forthrightly and compassionately. Protect the child and help his family.

Intervention

Is it safe to send the child home?

Admission to the hospital considered in suspected cases and often when the diagnosis of abuse or neglect is established.

Social worker called.

Assessment

General medical history and physical examination. "Who did it?" is not the issue. Avoid the third degree.

Initial interview and assessment of the family by a social worker; development of understanding of family's strengths and resources.

Nursing evaluation of child's development, parent-child relationship, and family's participation in community health structures.

Honest explanation of the legal responsibility to report the case to the welfare department by the physician.

Report to the public agency mandated by law to receive reports of cases of child abuse and neglect.

Photograph and skeletal survey if indicated.

Appropriate consultations, especially psychiatry, as indicated.

Communication among physician, social worker, and nurse to decide program of care.

Intervention Program

Initiation of rehabilitative efforts for both child and family.

Mobilization of hospital and community resources which may be available for the family, e.g. child care, foster placement, community family service and health agencies.

Follow-up

Primary medical care arranged.

Social service follow-up – community service or public agency, as indicated.

Nursing follow-up as indicated.

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attributes of model systems for the prevention and control of child abuse and neglect. These general programmatic principles would apply at various levels of scale, from individual medical practice to hospital to community service agency to state.

1. Child abuse seen as a symptom of *family crisis*, with professional services oriented to making families stronger.

2. Recognition of the community context in which child abuse occurs: attention to the values of the community, its indigenous techniques of problem solving, its traditions of child rearing, its resources and its leadership, in both the development of programs to help families, and in the approach to preventing child abuse on a larger social scale.

3. Services should be able to respond creatively to individual families' problems with services suited to their needs, to include: (a) social work counseling, liaison with other services and structures; (b) medical and psychiatric consultation and, where necessary, treatment; (c) advocacy; (d) child development services, including education, child care and psychological intervention; (e) legal services; (f) temporary foster home care; and (g) round-the-clock emergency services, such as homemaker services, to prevent family break-up and continued child abuse or neglect.

4. Protection of information about people; consistent and rigorous identification of the rights of children and their parents; and advocacy at all levels of intervention action to assure that fundamental civil liberties are not violated.

5. Regular evaluation of the effectiveness of intervention on several levels: for the individual case, both to assure continued physical protection and the promotion of health and psychological growth; and for the program in general, to assure the adherence to the highest principles of human service.

6. It would identify who is responsible to whom for what; minimize to the extent possible uninformed, reflexive and precipitous action on the part of intervention personnel; maximize the career development possibilities for these personnel in the context of the program structure; integrate into the career development program a systematic method for recruiting and training professional personnel from minority groups; and allow for the acknowledgment and reward of successful work.

7. Services would be provided 24 hours a day.

8. There would be an adequate commitment of resources to assure that a successful program would be able to continue.

9. It would assure adequate legal representation for all parties in any court proceeding relating to child abuse; and active and high-level advocacy to assure judicial determinations consonant with the high standards of modern family law. Its goal would be to integrate families rather than to punish parents; to use the authority of the court, when necessary, to force family change; and, as a last resort when families utterly and completely fail, to allow children who are dependent on the state maximal opportunities for growth in homes they can identify as their own.

10. Administrative organization allowing both flexibility in staff development, supervision, and assignment and at the same time high-level access to the human services leadership, in order most effectively to promote collaboration, constructive and mutual program planning, and, ultimately, the evolution of a human service system which would identify the *family* as the unit of practice, rather than as, at present, to fragment health, social and psychological problems into discrete program units.

11. It would incorporate child advocacy (as defined in the report of the Joint Commission on the Mental Health of Children) and child development education.

12. Systematic attention to the development of public policies which strengthen family life, based on what is already known about family strength and stress.

13. Citizen supervision of professional policies and practices through community-based councils for children.

14. The program should be population based: all people should be eligible for service. Neither a small-scale pilot program nor a major undertaking focusing only on the protection of the children whose cases happen to be reported, it should identify the dimensions of the problem and all possible avenues of individual and larger-scale intervention, as well

as recruit and sustain the interest and participation of competent and varied providers of service. Emphatically, it should not be identified as a poor people's program, although it is certain that many children of the poor will be reported, partly but not exclusively because of the circumstances of poverty which may lead their families to fail. It should be a program to which private medical practitioners and voluntary family service agencies, as well as suburban school systems, would feel comfortable in reporting cases, because its services would be helpful and its orientation toward keeping families together and toward preventing child abuse.

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Pediatric Social Illness: Toward an Etiologic Classification

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ABSTRACT. The significance of ecological stress factors for understanding the etiology and interrelationships among the pediatric social illnesses was explored in a case-control study of 500 children under 4 years of age. Cases of child abuse and neglect, failure to thrive, accidents, and poisonings were matched on age, socioeconomic status, and ethnic group with children who had comparably acute medical conditions. Data were ascertained from the children's medical records and from an extensive maternal interview which probed historical and contemporary familial, environmental, and child developmental realities.

The findings support the basic hypothesis that the occurrence of pediatric social illness is associated with increased family stress. Child abuse is associated with more extreme stresses in all categories studied; failure to thrive with maternal historical stresses, perceived sickness of the index child, and contemporary social isolation; and accidents with contemporary household crises. An additive mode of pathogenesis of the more severe symptom manifestations is suggested by these data.

Specific at-risk items were also noted. Although child abuse separated sharply from the other entities in a discriminant function regression analysis of the data, the insufficient predictive power of the principal discrimination features suggests that proposed programs to screen for risk of child abuse are of questionable accuracy and social utility. *Pediatrics* 60:178-185, 1977, SOCIAL ILLNESSES, STRESS, CHILD ABUSE, FAILURE TO THRIVE, ACCIDENTS, POISONING, EPIDEMIOLOGY

The "social illnesses" of pediatrics include child abuse and neglect, failure to thrive, accidents, and poisonings. They account for a major share of the mortality of preschool children and often have significant physical and psychological sequelae.[1-4] They are classified partly according to their manifested symptoms and partly on supposed causal factors. But the logic underlying this taxonomy, as can be seen in Table I, provides the clinician with a conceptual framework inadequate to organize the complex data dealt with in practice. These simple formulations can misdirect the approach to the individual patient, and they contribute to the developmental impact of these illnesses on children, for whom clinical practice is of inconsistent organization and quality.[5]

There is, moreover, little reliable observational information to support the notions of cause and effect built into these diagnoses. For example, a child with scattered bruises on his body might be identified either as an accident victim or as a victim of child abuse.[6] In the latter case, there is a presumption, but rather rarely in practice *knowledge*, of parental fault.[7] Intervention, when it is made available, is often individual-directed psychiatric counseling of the parents while deliberations proceed on whether or not to place the child in foster home care. The criterion of successful management is protection from his parents, the proximal cause of the child's disease, with little regard to the social, familial, environmental, or child developmental determinants of the child's injury. Help in reducing urgent stress on the family is not acknowledged as a treatment vehicle when the diagnostic focus is toward defining the responsibility of the perpetrator for the injuries of the victim.

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By contrast, if the child is classified as an accident victim, there may be no implications of familial cause and no treatment. If the presenting lesion is seen as resulting from an act of God, there is hardly any need for diagnosis or therapy from a social worker or psychiatrist. This process of selective classification, based on slim logical and empirical supports, becomes a matter with serious ramifications for clinical practice and social policy given the findings of previous work on the preferential susceptibility of poor and minority children to receive the diagnoses child abuse and neglect, while children of middle and upper class homes may be more often identified as victims of accidents.[illegible]

Several small clinical studies have suggested common relationships among the various categories of pediatric social illnesses (for example, prior accidents in child abuse cases).[illegible] This report explores underlying common origins among these conditions, with a view to defining a more etiologic (as opposed to manifestational) illness taxonomy.

Stress Theory of Common Etiology

It was posited that this common set of circumstances included elements of historical and contemporaneous stress. Historical stresses were defined as stresses occurring in the life of the maternal care-giver up to the time of the conception of the index child. Contemporaneous stresses refer to environmental, social, familial, and health problems occurring since the conception of the child as well as to stress imposed by unique attributes of the child.

SUBJECTS AND METHODS

All children under 4 years of age seen in either inpatient or outpatient departments of the Children's Hospital Medical Center in Boston for pediatric social illness were eligible for selection into the study as "cases." Children not bearing pediatric social illness diagnoses were eligible for selection into the control group; children suffering from chronic or terminal illnesses, however, were excluded from the control population. The sample was ascertained between December 1972 and May 1974.

Cases were matched to controls on the basis of age, race, and the most readily available index of socioeconomic status at the time of the family's first contact with the hospital (whether or not the welfare department paid the medical bill).

Because interviews in the emergency room could not be performed after the visit with the physician, cases and controls in that area were sampled on the basis of their presenting symptom (injury or ingestion), not on the basis of a medical diagnostic formulation.

TABLE I

CONCEPTUAL MODELS IMPLICIT IN PEDIATRIC SOCIAL DIAGNOSES

Diagnosis	*Conceptual Model*
Child abuse and neglect	Intentionally motivated parent or caretaker assaults a defenseless child or withholds care from him
Accidents	Isolated, random traumatic events
Failure to thrive	Idiopathic failure of a baby to gain weight

Five hundred sixty children and families were studied, including 303 inpatients and 257 outpatients. Table II summarizes the number of maternal interviews performed for each diagnostic group.

To assure comparability with previous research, child abuse was defined in terms of inflicted injury and a clinical impression of great risk by professionals on the hospital's Trauma X team experienced with such "protective" problems. Child neglect is a rare clinical diagnosis at Children's Hospital, the single case in the present study is included for analytic purposes with the cases of child abuse.

Interview

The principal instrument for the study was a structured interview of the subject's mother, conducted at the hospital. The interview focused on realities of child development, family relationships, health, finances, employment, and housing.

TABLE II

NUMBER OF INTERVIEWS IN EACH PATIENT GROUP

		No.
Inpatient		
Cases		165
Accidents	73	
Ingestions	34	
Failure to thrive	42	
Abuse	16	
Controls		138
Total		303
Emergency room		
Cases		138
Accidents	112	
Ingestions	26	
Controls		119
Total		257

TABLE III

CHARACTERISTICS OF CASE AND CONTROL GROUPS

	Matching Variable			Sex (*% Male*)
	Age (% ≤ 18 mo)	*Race (% White)*	*Medical Payment (% Public Assisted)*	
Inpatient				
Case	53.9	66.7	38.2	57.6
Control	62.3	73.2	31.2	58.0
Emergency room				
Case	33.3	53.6	57.2	55.1
Control	48.7	45.4	54.6	53.8

as well as on specific life experiences of the mother and her child. Interviews lasted about 45 minutes and were conducted by specially trained interviewers. Although it was not possible to blind the interviewers to the child's clinical diagnosis, careful review of the interview process by a research supervisor and frequent meetings with the interviewers by a staff psychiatrist with no other tie to the project were performed continually to foster interobserver reliability and to minimize observer bias.

Ethical Issues: Confidentiality, Informed Consent, and Advocacy

As information elicited in the course of the interview could serve as a basis for concern about risk to the child, the project developed formal guidelines for sharing access to the data with the hospital professional staff. This was not an easy matter to tackle, for the implications of sharing investigative data in research of this nature are great. On the one hand, we would have preferred to have absolute confidentiality as the operational imperative, because of the potentially deleterious effects of labeling a family as "at risk" for child abuse or neglect. On the other hand, we feared the consequences of not taking any action after obtaining information which suggested danger to the child.

The written consent form and method for obtaining consent and treating research data attempted to reconcile this ethical dilemma. We scrupulously adhered to the following, multistep procedure for obtaining consent and sharing interview data:

1. Prior to making contact with a mother to ask permission to interview, the physician responsible for the child's hospital care was asked for his or her permission to interview the mother.

2. If a social worker was assigned to the case, he or she was also asked for permission.

3. After permissions 1 and 2 were obtained, contact was made with the mother.

4. After explaining the goals and nature of the study, but before beginning the interview, it was explained to the mother that the information elicited during the conversation was confidential, but that it was possible that information might be shared with the physician and/or social worker if it were felt that it might assist them in caring for the child.

5. In the instances where it was felt necessary to share the information with a professional person responsible for the management of a patient, the interviewer submitted a written abstract of the pertinent portions of the interview to the physician or social worker. The original interview was never released. Each of these abstracts was then stamped: "Not for insertion in the medical record." In only ten of 560 interviews was information shared.

6. Interview schedules were kept in a locked file and referenced only through a coded system designed to prevent linking the names of respondents to the interview form without access to the code.

Because of the emphasis on environmental stress in the interview, we felt an ethical obligation to offer assistance to ameliorate the identified problems. To this end a family advocacy program was developed which was available to all participants. Designed initially to help families get such essential, and lacking, supports as adequate housing, child care, legal services, and adult health care, the program evolved into an organized service available to all hospital patients. Personnel with no formal professional training were taught and supervised to help families deal with contemporary life stresses and in gaining access to essential services.[19]

RESULTS

Demographic Characteristics

This study population reflects the differences in demographic composition of the hospital's inpatient and emergency room services. Table III summarizes the demographic characteristics of the case and control groups.

The inpatient study population comes from the greater Boston area and tends to be younger, predominantly white, and more middle class. The emergency room sample more nearly represents the predominantly black and low-income community directly around the hospital. There are slightly more male children in all groups.

TABLE IV

CHARACTERISTICS OF SPECIFIC CASE GROUPS

	Age (% ≤ 18 mo)	*Race (% White)*	*Medical Payment (% Public Assisted)*	*Sex (% Male)*
Inpatient				
Accident	46.6	68.5	26.0	54.8
Ingestion	29.4	44.1	52.9	44.1
Failure to thrive	81.0	83.3	33.3	69.0
Abuse	68.8	62.5	75.0	68.8
Emergency room				
Accident	32.1	50.0	59.8	53.6
Ingestion	38.5	69.2	46.2	61.5

The matching of cases and controls on social class, race, and age is satisfactory.

As Table IV illustrates, however, there are marked demographic differences among the case categories. In the present sample, the patients suffering from failure to thrive and child abuse tend to be younger and male, those suffering from failure to thrive are more frequently white, and those suffering from child abuse are poor.

Medical and Family Data

Figure 1 summarizes the weight at admission for the children in the inpatient groups. Implicit in the definition of failure to thrive is the small size of the child.

It is of interest to note that children bearing the child abuse diagnosis in the study sample were also disproportionately small. Inpatient control subjects had acute medical conditions requiring hospitalization, accounting in part for their low weight. Children identified as having had "accidental" traumatic injuries tended to be significantly more robust, as indicated both by their weights and by their mothers' reports of their health, than those in the other study categories.

The results of the maternal interviews were organized into a series of a priori scales developed to integrate and express data bearing on the central hypotheses of the study, the arithmetic means of which are expressed in Table V. (To develop these summative measures, an estimate of the discriminating power of each attribute was made, and a weighted score was devised. The study instruments and details of the analytic method are available on request from the senior author.)

These scales are based on the sum of positive responses in a given category. Stress in the mother's childhood included frequent family mobility, a broken home, and volunteered information about a personal history of violence and/or neglect. The scale "stress in the current household" was based on recent mobility and change in household composition. The scale "lack of social support" was designed to measure social isolation and included the absence of a telephone and a mother's perception of her neighborhood as unfriendly.

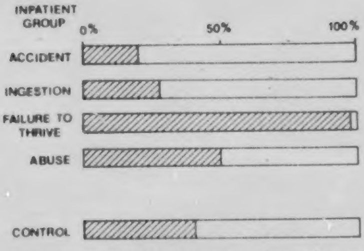

FIG. 1. Proportion of children in inpatient groups who were under tenth percentile for weight.

As this table shows, stress was positively associated with all pediatric social illness categories. Accidents were characterized uniquely by a high level of contemporaneous stress. Cases of failure to thrive and of child abuse shared high levels of maternal historical stress and lack of social support. Subjects bearing the diagnosis of child abuse had higher scores in all three stress categories. Particularly of note is the very high level of current household stress in the child abuse cases, suggesting a greater role of ongoing crisis than is commonly acknowledged in the etiology and treatment of child abuse.

TABLE V

A PRIORI STRESS SCALES: MEANS FOR INPATIENT GROUPS STANDARDIZED TO MEAN AND STANDARD DEVIATION OF CONTROLS

	Stress in Mother's Childhood	*Stress in Current Household*	*Lack of Social Support*
Accident	.04	.59*	.19
Ingestion	.46*	.34	.15
Failure to thrive	.47*	−.27	.52*
Abuse	1.15*	1.58*	.83*

*$P < .01$ by one-tailed t test

TABLE VI

SIGNIFICANT DESCRIPTORS ($P < .05$) FOR INPATIENT GROUPS IN ORDER OF PREDICTIVE IMPORTANCE

Accident	*Ingestion*	*Failure to thrive*	*Abuse*	*Control*
Good health of child	Child-rearing problems	Poor health of child	Recent moves No telephone	Regular health care
Low household density	Mother-child separations	Younger child	Mother-child separations	Few recent moves
Not welfare dependent	Older child	Male child	Serious childhood troubles for mother	Few child-rearing problems
Older child	Regular health care	Mother less education than father	Few children	No broken family in mother's childhood
Baby-sitting help			Father older	Child-initiated separations (e.g., for health reasons)
Recent moves	Female child	Neighborhood unfriendly Family physician	Low job status for father	Nobody to care for child when mother goes out

Classification Discriminants

Subsequent discriminant function regression analyses were conducted to determine which specific interview variables were predictive of a given category in the conventional taxonomy. (These discriminant functions were determined by defining the category of interest as "1" and defining all other categories, both cases and controls, as "0." A step-wise regression was then calculated on this [1,0] variable.) The results are similar to the stress scale expressions of the findings.

Table VI shows those items, in order of importance, which were significantly predictive of a given inpatient classification. The "control" column summarizes distinctions between cases and controls in the aggregate. Families of children with pediatric social illness contrast sharply with the comparison group. These families have less regular health care, many recent moves, many child-rearing problems, and a history of a broken family in the mother's childhood; they have also experienced mother-initiated separations from the child. These factors suggest several, and somewhat different, patterns of stress on the families of children in the case group. No clear-cut similarities across groups are noted.

The predictors of the specific conditions lead, however, to tentative formulations of etiology which may begin to be translated into a more logical classification scheme. For example, those attributes which are highly predictive of the "child abuse" entity include early and continuing family instability, expressed in mobility, isolation, and early separations of the child from its mother. The familial origins seem prominent, as compared to "failure to thrive," where attributes of the child himself sort out as the more significant descriptors. Although the present data do not define pathogenesis, they describe associations which may help inform practice and guide further research.

Implications of Classification of Social Illness in Pediatric Practice

In present clinical practice, whether or not a child's injuries are characterized as having been "abusively" or "neglectfully" obtained depends on the clinician's ability—or willingness—to attribute the cause of the symptoms to the child's parents. The names "battered child syndrome" and "maltreatment syndrome" have formalized the concept of parental fault in the medical literature.[17,18]

Making such diagnoses and filing legally mandated case reports have immense value implications which may contradict the traditional ethical posture of medical and behavioral professionals: to help individuals in distress.[19] As it is rare in practice to know with certainty the exact timing, instrument, and circumstances of children's injuries, it is not surprising that many are misclassified as "accident victims," meaning isolated, random events, because of the clinician's understandable reluctance to implicitly condemn the parents of his patients.

Misclassification and Child Abuse Screening

The matter of misclassification is particularly important when one considers current interest in screening for risk of child abuse. Using those items from this study which are most highly discriminating for child abuse (Table VI), it is possible to

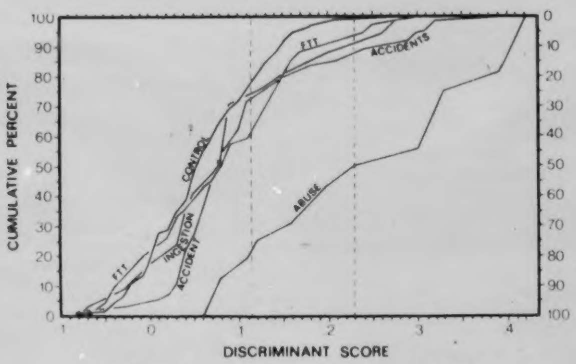

FIG. 2. Discriminant function for inpatient cases of "child abuse."

construct an equation which would allow one to see the extent to which subjects in the pediatric social illness categories and the control group might be identified or misidentified as being at risk for child abuse at different levels of a scale.

Figure 2 expresses as a cumulative percent graph the discriminant function scores for all cases and controls. It is clear that a few characteristics distinguish the child abuse cases from those in the other diagnostic categories. High scores mean that families are similar in these discriminating attributes to families where child abuse occurred. The difference in the distribution between child abuse and other cases notwithstanding, it may be noted that were one to develop a "quick and dirty" screening instrument on the basis of these features, one would correctly screen in only 75% of the child abuse cases at the level which would include over 30% of the other categories as well.

Similar equations can be constructed for each diagnostic category. The classification capacity of

TABLE VII

PERCENT MISCLASSIFICATION DERIVED FROM DISCRIMINANT FUNCTIONS FOR INDIVIDUAL DIAGNOSTIC CATEGORIES

Classifying Patients in Group	*Using Discriminant Function for Patient Category*							
	Inpatient (%)					*Outpatient (%)*		
	Abuse	*Failure to Thrive*	*Accident*	*Ingestion*	*Control*	*Accident*	*Ingestion*	*Control*
Inpatient								
Abuse	25*	25	62	25	50	62	68	87
Failure to thrive	31	19*	24	31	74	64	64	56
Accident	23	8	12*	55	71	66	68	71
Ingestion	21	17	83	21*	39	81	54	62
Control	16	26	56	39	16*	63	28	78
Outpatient								
Accident	31	5	85	67	61	15*	44	62
Ingestion	42	12	69	75	50	61	19*	61
Control	37	9	74	67	51	71	44	13*

*Percentages marked with asterisks represent "false negative" misclassification; all others are "false positive" misclassification.

the set of discriminant functions described in the previous section is summarized in Table VII. (In constructing this table, the cutoff point was set at the mean minus one standard deviation for all discriminant scores [roughly comparable to but generally to the left of the dotted lines discussed in Fig. 2]. A column in Table VII refers to the category for which the discriminant function was calculated; a row refers to the group of cases being classified; entries marked with an asterisk show the impressive percentages of false negatives, i.e., the proportion of each category that was not identified by *its own discriminant function*, using the [$\bar{x}$-1] cutoff. All other entries are percentages of false positives, i.e., the proportion of a given patient group that would be misclassified by some other discriminant function. Scanning this table indicates that the FTT discriminant function [second column] performs better than the others except on inpatient controls, and that the misclassification is generally large when using the outpatient discriminant functions [last three columns].)

It is well to point out that in the face of rapidly rising numbers of child abuse case reports, protective service institutions across the United States, which even in better economic times were poorly funded and staffed, have had increasingly to resort to rapid clinical screening methods and radical management alternatives to protect victims of child abuse.

> Florida's three-year-old central reporting system for cases of suspected child abuse and neglect is still bogged down in an overload of complaints, currently running at 1,500 to 2,000 per month (87,000 complaints have been made since the state-wide hotline started October 1, 1971). . . . In metropolitan areas they are so swamped, workers limit investigations to complaints which "sound the worst," says hotline supervisor Mary Ann Price.

Especially because of known selection bias favoring minority and poor children for the child abuse diagnosis, a phenomenon partly attributable to the public clinical settings in which most of these diagnoses are made and partly to the reluctance of physicians in private practice to make damning value judgments about parents, caution is urged in interpreting these findings to support the value of predictive screening for child abuse. The social policy implications for poor and minority families particularly might be ominous. Other writers have underlined pertinent issues in regard to child abuse screening.

Further study, focusing more specifically and directly on the major discriminating characteristics, is necessary to disentangle the seemingly causal strands associated with symptoms of pediatric social illness. Before more is known about the process of pathogenesis, the extent and nature of what we already know about misclassification should incline us away from child abuse screening.

In the search for a more etiologic taxonomy of pediatric social illness, we shall have to be vigilant neither to blame the victim by focusing on the parent assumed to be responsible for a child's injury nor to fulfill the prophecy of risk by a reflexive application of statistical findings. A focus on the stresses—and the strengths—associated with the victim, his family, and his life setting may enable us more accurately and humanely to identify, to treat, and to prevent these illnesses.

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Environmental Correlates of Pediatric Social Illness: Preventive Implications of an Advocacy Approach

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Abstract: A controlled prospective study of child abuse and neglect, failure to thrive, accidents and poisonings included 303 inpatients and 257 outpatients. Analysis of maternal interview and clinical data demonstrated significant differences between cases and controls in summative indices of environmental stress, including housing, employment, and access to essential services.

The associations with a postulated common causal underpinning of these illnesses argue for a broadened, ecologic conceptualization of etiology and a wider range of preventive approaches. A family advocacy program addressing the stress issues and utilizing community based individuals was offered to families with pediatric social illness and to a comparison group. Indirect corroboration of the impact of environmental crisis is indicated by the prevalence of requests for this help in inpatient cases of abuse (38 per cent) and ingestions (38 per cent) vs. controls (14 per cent). Discriminant function regression analysis of data from the maternal interview demonstrates similarity between the attributes which most saliently describe the abuse group and those which describe the users of advocacy. (Am. J. Public Health 67:612–615, 1977)

Pediatric Social Illness

Child abuse and neglect, accidents, poisonings, and failure to thrive are known to have familial, child developmental, and environmental antecedents.[1-3] We have yet, however, to develop a rational base of practice for these disorders.

The child and the environment may be forgotten in child abuse and neglect case management, because the diagnostic labels "abuse" and "neglect" focus attention on hurtful acts and their perpetrators. Clinical approaches to accidents, poisonings, and failure to thrive derive from implicit conceptual models of chance or idiopathic occurrence in the names of these "social illnesses." They focus clinical attention on the child's symptom, which may be treated while the familial and environmental antecedents and concomitants of the symptom are ignored.

In order to develop a more nearly adequate illness classification scheme for this group of disorders, we designed a controlled, epidemiologic study in which we interviewed 560 mothers and reviewed medical data on their children. Subject children were under four years of age. Three hundred three cases of child abuse and neglect, accidents, poisonings, and failure to thrive were matched on age, ethnic status, and socioeconomic status with a comparison group of 257 children with comparably acute illnesses of organic origin.

A maternal interview explored past and present events, realities, and stresses which seemed to bear on the capacity of the child's nurturing context to support his growth and protect him from harm. The central hypothesis was that these "social illnesses" are related, and that their common etiologic underpinning includes important elements of stress in the family before, during, and after the birth of the child.

Of particular interest was the impact on a family's protective capacity of stresses originating in the present life context. The interview focused strongly on such issues as access to essential services, including housing, health, and child care, and we were particularly concerned to identify social isolation of families.[4] We were not surprised to find a high prevalence of these problems in the families of children bearing the diagnosis of child abuse.

Because of the large number of families whom we set out to interview, we perceived an ethical dilemma: could we possibly ignore the problems which we would identify? Did we have a responsibility, having identified such issues, to offer help to the families of children in both the case and comparison groups? We concluded that there was no getting away from this responsibility, and so, when interviews for the Family Development Study started in December 1972, we also began a family advocacy program.

From the Department of Medicine, Children's Hospital Medical Center, Boston, and the Department of Pediatrics, Harvard Medical School. Address reprint requests to Dr. Eli H. Newberger, Director, Family Development Study, Children's Hospital Medical Center, 300 Longwood Avenue, Boston, MA 02115. Dr. Morse is Administrator, Family Development Study, and Research Associate in Pediatrics, Harvard Medical School. Mr. Hyde is Director of Preventive Medicine, Massachusetts Department of Public Health, and Dr. Reed is Statistical Consultant, Family Development Study, and Professor of Biostatistics, Harvard School of Public Health. This article, submitted to the Journal December 10, 1976, was revised and accepted for publication January 30, 1977. This study was presented in part at the 1976 Annual Meeting of the American Public Health Association in Miami Beach.

Detailed results of the interview study are reported elsewhere.[illegible] In general the data support the basic hypothesis that differential levels of hypothesized stresses and personal and social strengths contribute to the occurrence of "pediatric social illness." They indicate that child abuse is associated with more disparities between stress and strength than the other illnesses studied. A discriminant function developed to distinguish between abuse and all other inpatients studied placed most weight on the following variables: 1) recent moves, 2) lack of a telephone, 3) mother-child separations, 4) serious childhood troubles for the mother, 5) few children, 6) father older, and 7) low job status for the father.

This paper describes the unique qualities of those families who requested, and received, help for environmental problems identified in the course of the research interviews. The total sample contained roughly equal proportions of patients who were male and female, white and non-white, under and over 18 months, and with and without publicly-assisted medical payment. The outpatients were slightly younger, with more non-white and publicly-assisted medical payment than the inpatients.

One hundred twenty-one of the mothers interviewed during this study accepted the offer of advocacy assistance for one more more of their current problems. Those who accepted advocacy assistance were distributed over all of the illness categories. The advocacy group included 50 mothers of inpatients and 71 mothers of outpatients.

Family Advocacy Defined

Family advocacy is an intervention concept which addresses present-day life-context problems of families. By working to assure access to essential services (housing, health, child care, educational, welfare, and legal, for example) family advocacy endeavors aggressively to change—to better—the ecologic setting for child-rearing and to foster the development and functioning of adults and children. Advocacy services developed by our program do not seek to replace other more traditional forms of social intervention. We are concerned, though, to stimulate a more appropriate response to our clients' needs and to force more productivity from the service system for their benefit.

A distinctive characteristic of family advocacy as an intervention process is that it deals primarily, if not exclusively with the *present*.[8] Advocacy is distinguished from social casework by this time orientation, by an orientation to direct provision of help rather than toward effecting change through counseling, and by the advocates' educational and personal backgrounds. Advocates need not have a college degree, but must be effective people who have learned how to deal with children, adults, professionals, and bureaucrats in a range of institutions. (We engaged and trained two such individuals to serve as advocates for families whose problems were identified in the context of our research interviews.)

By working with parents around specific environmental and social problems, advocates help them to develop a renewed sense of personal efficacy and control, and parents begin to see themselves not as passive victims but as active agents, better able to control their physical and psychological environment, as well as that of their children. The principal tools which the advocates use are:

1. Direct and intensive contact with the family at the time of referral through home visits, telephone contacts, and office accessibility. The goals are: a) to develop an open and trusting relationship with the family, b) to define in conjunction with the family the goals and scope of the advocate's involvement, and c) to establish a division of tasks such that the achievement of goals will represent a joint effort between the family and the advocate.
2. Knowledge of the people, policies, and systems which are available to assist both the family and the advocates in resolving the problems which affect families.[8]
3. Data and information collected in the course of helping families which can be pooled and generalized in order to support broadly focused efforts for institutional and social change.[9]

During the first few days after referral, the advocate keeps in frequent touch with families, both by telephone and through home visits. As a result of this intensive contact, it often becomes apparent that the problems for which families initially request assistance represent only the most immediate concerns. In responding to the range of issues which we identify, we encourage families to use other resources when and where possible so that a protracted dependency relationship between the family and the advocates can be avoided.

It is well to note that all during their work with families, the advocates present themselves as members of a hospital "team", the others being the physician providing the child's medical care, the nurse, and in many but not all cases, the social worker. The advocate is introduced to the family by a member of the clinical team; no attempt is made to match advocate and family on sex, social class, or ethnic status.

The family advocate is seen by the hospital professional staff as an integrator and facilitator who does not rely on a single method or technique of intervention and who tailors his or her approach to the particular problem at hand.

Thus, while a telephone call to a landlord may be effective in having a family's heat restored in one situation, it may become necessary in another situation to secure a lawyer and, subsequently, a court order on behalf of the family. Each situation has to be approached with the knowledge that there is a vast range of methods and techniques available, any combination of which may suit the needs of a specific family while proving useless when applied to another.[10]

Advocacy is not solely concerned with such objective measures of outcome as getting a family a new apartment, securing legal assistance, or finding someone a job. While it is primarily oriented toward securing goods and services for people, advocacy also aims to provide families and individuals with the technical and psychological resources to solve their own problems. The steps that the advocate takes to secure a new apartment for a family, for example, really constitute a learning process for that family, a process which, once learned, may be applied to seeking solutions to other problems. In the long run, what an individual learns about his ability to effect change in his own life may be of far greater significance than the change itself.

Case Examples

The following are two examples of advocacy in cases of childhood trauma.

Case One—Ms. A and her child are seen for their initial visit in the primary care clinic after an original referral from the emergency room, where her six-month-old baby had twice been seen for minor trauma. Ms. A is an angry young woman who immediately becomes hostile towards the physician examining her baby when he asks certain questions about how her child had cut himself. She accuses both the physician and the hospital of unfair practices and of wanting to take away her child. The doctor learns she lives alone with her baby in a cold apartment in a housing project, is afraid to go out, and feels no one is doing anything for her.

The physician asks an advocate to speak with the mother. The advocate talks with her about her housing problem and also, at length, about her concerns as a young mother trying to make a life for herself and her child. Plans are made for a home visit to evaluate existing housing. In addition, the whole purpose of the medical visit is talked out; both sides are understood.

Result: As a result of this meeting, medical treatment is given in a healthy atmosphere and other problems which the mother feels are urgent are addressed. The family is helped to get a better apartment, and they sustain contact with the clinic.

Case Two—A three-year-old boy is seen in the hospital's emergency room for head contusions which appeared on careful physical examination to have been inflicted. He is brought t[illegible]ospital by a relative, who explains that the child had fa[illegible]nd that his mother is sick and afraid to leave her apartment. The child is admitted to the hospital, where signs of previous trauma as well as a minor bleeding diathesis are discovered. An advocate is assigned to the case and asked to coordinate health care plans for both child and mother.

Attempts to contact the mother via the telephone are unsuccessful, so a home visit is made. At home a sad, lonely, hugely obese young mother is found living in abject poverty on the seventh floor of a housing project in Boston. The neighborhood surrounding the project is extremely dangerous, with a high crime rate legendary in the city. The building itself is in very unsanitary and unsafe condition. The child's mother says she is in poor health. Her obesity embarrasses her, and she is also afraid to go to the doctor because youths in the neighborhood have threatened to break in to steal the few belongings she possesses. She says that a relative hurt her boy and that she is very concerned but does not know to whom to go for help.

Working in conjunction with a state protective service social worker who concentrates on the mother's relationship to her child, the advocate obtains a commitment from the Housing Authority to relocate the family in an adequate and safe environment. This is accomplished after weeks of activism against the bureaucratic resistance of local housing officials and policies. During this time, over ten hours are spent in conjunction with the social worker and a community health nurse in a joint, coordinated effort to help the mother meet basic needs and responsibilities.

Result: When this family moved into their new apartment, the mother entered both a new environment and a new period of understanding and competency to acknowledge and to act on her and her child's needs. Once the family was resituated, plans were made with the mother to enroll her son in a child development program and to receive continuing medical care through a hospital clinic where advocates are based. Also, the mother's own medical problems were treated. Three years later, the child is physically well and developmentally normal. His mother has lost a considerable amount of weight and she is a happier person. There has been no further abuse. Occasionally, when problem situations arise, she will call, discuss them, and act appropriately, on her own.

Distinctive Characteristics of the Users of Advocacy

In order to gain a better understanding of factors involved in a mother's accepting the offer of advocacy within the context of our study, discriminant functions similar to those used to identify characteristics of the various pediatric social illnesses were calculated to distinguish between the advocacy and non-advocacy groups. For the entire sample of 560 interviews a moderate amount of discrimination was achieved (R = .31). Of the 121 mothers who made use of advocacy, 62 were parents of children with pediatric social illness (of whom 10 were cases of child abuse and neglect) and 59 were parents of children in the comparison group. They are characterized in relation to the group which did not request advocacy by these attributes: 1) short duration of present marriage, 2) problems with housing (plumbing, electricity, heating, telephone, repairs), 3) problems with child rearing (feeding, sleeping, discipline), and 4) short residence at present address.

All of these variables entered the regression equation at the 5 per cent or greater significance level. The second and

TABLE 1—Characteristics of Users of Advocacy Services*

Total Sample	Inpatients	Outpatients
N = 560	N = 303	N = 257
R = .31	R = .33	R = .39
(1) Short duration present marriage	(1) Serious troubles in mother's childhood	(1) Problems with housing
(2) Problems with housing	(2) Short duration present marriage	(2) Short residence present address
(3) Problems with child-rearing	(3) Problems with child-rearing	(3) Few people accompanying child to hospital
(4) Short residence at present address		(4) Underemployment of father

*Variables significant at the 5 per cent level or more, listed in the order in which they entered the discriminant function equation.

third are indicative of the types of problems with which our advocacy services dealt—housing and child care. The first and fourth—short duration of present marriage and residence—suggest the possible absence of supports needed to cope with environmental problems. These findings are similar to those expressed in *a priori* stress scales which significantly distinguish pediatric social illness from the comparison group and which are particularly powerful for the child abuse group.[5]

When discriminant functions were run separately within the inpatient and outpatient advocacy and non-advocacy groups slightly higher discrimination was achieved (R = .33 for inpatients, R = .39 for outpatients). There was a difference, however, in the variables entering the regression equations across the two groups. Among the four variables that entered the discriminant function for the total sample, child-rearing problems and short duration of present marriage characterized the inpatient users of advocacy, while problems with housing and short duration at present address were characteristic of outpatient users of advocacy, irrespective of whether their children were classified for study purposes in the social illness case or in the comparison group.*

Additional variables entered the discriminant function for inpatients and for outpatients. Among inpatients the first variable to enter the equation was a history of serious troubles in the childhood of the mother (broken home, high mobility, or illness in family). Among outpatients, underemployment of the father was an additional distinguishing attribute of mothers who accepted advocacy services.

Discussion

We interpret these findings to mean that users of advocacy, as a group, suffered environmental and familial stresses similar to those which are involved in the etiology of pediatric social illness and that they may be associated with risk of child abuse in the individual case. A sensitive discussion of the meaning of stress in child abuse by Steele emphasizes its importance but warns against an overly simple formulation of cause and effect. One must also consider the personal background of the individual, especially early childhood abuse or neglect, which may predispose to the use of "aggression as a means of problem solving, accompanied by a lack of empathy for other humans, a diminished ability and impoverished repertoire to cope with stress, and a vulnerability to the examples of aggression and violence presented by society and culture."[11]

Environmental forces appear from these data to exert a powerful impact on families, both those whose children bear signs of pediatric social illness, and those with other acute medical conditions. If as it appears the former group suffers more,[5] we must pay heed. A counseling approach will not suffice to cure the lack of access to essential services. Simply to attribute the environmental problems to the parents of these children is to "blame the victim."[12] Family advocacy at the case level can work effectively to reduce stress originating in the life context and to foster a family's ability to utilize services for its children.

We conclude that family advocacy has important preventive implications. In our enthusiasm for its success on the individual cases with which we have worked, however, we need ever to be mindful of the great numbers of children and families who are deprived of essential resources. To address the whole population in need will require both larger-scale epidemiologic documentation and advocacy for change at institutional and governmental levels.[13, 14]

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*The weighting of the advocacy group toward more serious environmental problems is undoubtedly affected by the inclusion of ten child abuse cases, but this small number does not substantially diminish the significance or representativeness of the data on the total group.

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March 20, 1978

Honorable James H. Scheuer
Chairman, Subcommittee on Domestic and
International Scientific Planning,
Analysis and Cooperation
U. S. House of Representatives
Suite 2321 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Scheuer:

This is in response to your letter of March 6 in which you had asked that I identify the issues and questions pertaining to domestic violence that are in need of further research.

Attached you will find a listing of the several research issues and questions that need to be addressed.

Let me also take this opportunity to acknowledge receipt of your other letter dated March 6 thanking me for my recent appearance before the Subcommittee on Domestic and International Scientific Planning, Analysis and Cooperation. It was indeed a pleasure to testify before your Subcommittee and I hope the information I was able to provide will be of some use.

With my very best wishes,

Sincerely,

Saleem A. Shah
Chief, Center for Studies of Crime
and Delinquency

Attachment

March 20, 1978

Some Research Needs and Questions Pertaining to Domestic Violence

1. More precise epidemiologic information concerning the incidence, prevalence, intensity and sequelae of violence within the family. (This would include periodic national surveys designed to determine changes over time and the possible relationship of such changes to broader social developments and trends in our society.)

2. Longitudinal studies, preferably using prospective approaches and successive cohorts, designed to determine more precisely the effects (both short- and long-term) of domestic violence on the victims, the aggressors, and on other members of the family unit. Cohort studies are especially important in order to avoid the biases of ascertainment when only selected samples are studied.

3. A variety of knowledge development efforts, cutting across various disciplines and research approaches, designed to improve our understanding of the nature and causes of violent behaviors more generally as well as specific forms and types of such behaviors, viz., domestic or intrafamily violence. Such long-range basic research can provide the knowledge base that could help to illuminate and to guide a variety of public policies and intervention practices.

4. Broader studies of family functioning. For example, traditionally the family took responsibility for child care, socialization, care of the elderly and handicapped, and related economic maintenance. What are the family attitudes and values toward these traditional responsibilities now? And how do changes in these attitudes and values affect family breakup and intrafamily violence? Of especial interest might be violence toward children and the elderly.

5. What kinds of violent interactions are taking place within the home? What are the interrelationships between them, e.g., between spouse abuse and child abuse; between child abuse and sibling abuse? Does violence between certain family members encourage violence at a later time between other family members? To what extent and under what circumstances does violent behavior in one generation tend to repeat itself in the next generation?

6. What are the changing relationships of the family with support institutions of church, school, and work? And how do these changing relationships affect domestic violence? Relatedly, how can social support systems for the family - especially the more disadvantaged and vulnerable families - be made more effective?

7. A variety of studies of the general as well as various specific factors affecting the nature, incidence, and seriousness of violent interactions within the family. The kinds of factors to be investigated would include: (i) Major societal values pertaining to the uses of various forms of violence as a means of resolving conflicts; (ii) Religious and/or other major values, beliefs, affiliations and practices of the family unit and of major reference groups; (iii) Family structure and size; (iv) Class and ethnicity; (v) Living circumstances and economic and related stress; (vi) Use of alcohol and other drugs; (vii) Nature and extent of physical and mental illness among family members - especially those involved in violent interactions; (viii) Relationship of particular "life events" affecting the family unit; (ix) Ownership and availability of firearms and other weapons; (x) Modes of discipline and supervision used in child-rearing and specific competencies and skills in child care and "parenting" functions; (xi) Specific family values, norms and practices regarding the use of physical punishment as a major disciplinary mode in child-rearing, etc.

8. Physical assaults and battering within the family need to be viewed and studied within the broader context of conflicts and stress within the family unit. Attention also needs to be given to the effects of chronic conflicts, resultant verbal and psychological abuse and stress, and the effects of such experiences.

9. More detailed and specific studies should be aimed at better understanding the social-psychological, ecological, and situational aspects of interpersonal violence. For example, the precise sequential interactions that lead to, maintain, and help to escalate the frequency and intensity of violent behaviors. Of equal and perhaps even more importance is the need to also study the variables that serve to inhibit and to reduce the frequency and intensity of violent interactions.

10. Research concerned with the development, testing, refinement, and the systematic replications of various services and intervention efforts aimed at the prevention, remediation, amelioration, and treatment of violent behaviors and their consequences. That is, we need to know more precisely: What types of individuals, with what particular types of needs and problems, seem to respond best to what specific types of services as provided by what types of counselors or therapists?

11. In order that there be adequate and more accurate assessment of the demonstrated benefits of the wide range of services and support systems provided for victims of domestic violence (e.g., battered wives), it is most important that some uniform reporting and data collection systems be developed. Such systematic evaluation of the

effectiveness of services is most essential in order to facilitate efforts at further refinement and to develop service models for wider use.

12. Studies designed to facilitate the identification of "high risk" families (as well as of "high risk" individuals within such family units), in order more carefully to target preventative services. (The term preventative services is not being used here to refer only to psychotherapeutic and other mental health interventions, but is used more broadly to include a wide range of social support systems and services that might be provided by a variety of health, mental health, and social agencies, as well as by various "self-help" groups.)

    Research is also needed to elucidate why certain families at seemingly high-risk for involvement in domestic violence do not display such behaviors.

13. Evaluative research to assess the effects of various public education and related efforts designed to facilitate prevention and other improvements with respect to the problem of domestic violence.

14. Research that will facilitate early detection of domestic violence by health care providers, as well as the delivery of primary preventative services by such providers and/or allied services (health, mental health and social services). An important contribution of such research will be an increased understanding of the key roles that general hospitals (especially emergency room services), private physicians, etc. can play in the early detection and prevention of domestic violence.

15. Research focusing on the study of regional, cross-cultural, and cross-national variations in the incidence, prevalence, nature, seriousness, and the handling of domestic violence, as well as with regard to violent behaviors more generally.

16. Research that is designed to test empirically various assumptions underlying a variety of longstanding public policies, legal doctrines, and related practices related to the topic of domestic violence. For example, legal notions and doctrine regarding the child and wife as "properties" of parents and husbands, respectively; the balance that is commonly drawn by courts between the rights of children and those of the parents; and the differences in the rights accorded to women and to men in the marital relationship.

17. Studies focusing on "user-oriented" dissemination and utilization of research findings in order to increase their impact on practices (service delivery, training, etc.) and policies relevant to the problem of domestic or intrafamily violence.

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Cultural and Social Organizational Influences on Violence Between Family Members,

Murray A. Straus

Reprinted from Raymond Prince and Dorothy Barried, editors Configurations: Biological and Cultural Factors in Sexuality and Family Life. New York: D. C. Heath, Lexington Books, 1974.

It is customary to think of physical violence among family members as happening infrequently, and when it does happen, as being the result of some defect or abnormality of the husband, wife, or child who resorts to it. Neither of these views seems to be correct. Leaving aside war and riots, physical aggression occurs among family members more often than it occurs among any others. Moreover, the predominant position of the family as a setting for violence seems to apply to every form of physical violence from slaps to torture and murder. In fact, some form of physical violence between family members is so likely to occur at some point in the life cycle that it can be said to be almost universal. If this is the case, then this violence is at least as typical of family relationships as is love.

In addition to the family being the locus of more violence than any other social relationship, the available evidence suggests that, with rare exceptions, family members using violence are *not* mentally ill. Instead, violent acts by one family member against another are the result of socially learned and socially patterned behavior.[a]

These statements will be documented later, but the primary purpose of this chapter is to show the effects of cultural and social patterns on marriage and the family. Violence between family members is used to illustrate cultural and social influences because it is an aspect of family behavior that is not usually thought of as being socially patterned. It is hoped that the novelty of this will make the pervasive influence of the society and the culture on the family stand out more clearly than would be the case with most other aspects of family behavior.

Violence Defined

For purposes of this discussion, the term violence will be defined as the use of physical force between family members. This does not deny the importance of

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[a] This statement is in no way intended to deny the importance of the human biological heritage. If the capacity for aggression and violence were not present in the human organism, social learning, and social patterning could not produce it; just as no conceivable learning situation could enable a laboratory mouse to learn algebra.

other closely related behaviors. Aggression, for example, is closely related to violence. But there are many ways to be aggressive. The use of physical force is only one of them. One can be excruciatingly cruel without ever lifting a finger.

If that is the case, why restrict the discussion to physical violence? There are several reasons. *First*, a somewhat narrow and specific focus is needed for clarity and precision. *Second*, violence is a much neglected aspect of family behavior. Therefore, some of the material on violence presented to illustrate cultural influences may also be of interest for its own sake. *Third*, violence is of tremendous importance in understanding the family (Steinmetz and Straus 1974). *Fourth*, as already noted, the novelty of looking at physical violence between family members can bring into sharper focus the influence of cultural factors and also the limitations of such a perspective.

The Concept of Culture

When we talk about "cultural influence" we are really talking about causes. So the topic of this chapter translates into the question of the extent to which culture causes violence between family members. Before that question can be answered, we must first be clear about what culture is.

The term culture means something roughly similar to *social heredity*. This is the total legacy of past human behavior that is effective in the present—that is, what is available to be learned from others (Williams 1970). That covers a vast domain ranging from how to hold a spoon or say the word *father* to the complexities of matrix algebra. So a great deal of the culture of a society is *not* of direct interest to those concerned with understanding the family.

The aspect of culture that *is* of direct interest to those concerned with understanding the family, is what are called *social norms*. A social norm is a prescription of what is correct to do when interacting with another person. For these norms to be *cultural norms*, they must be prescriptions that are *shared* by the society or sector of a society in which the behavior takes place. They must also be rules of behavior that are *learned from others*.

It is the cultural norms that, in large part, account for differences between the family patterns of people in different societies and in different subgroups within one society (for example, differences between social classes or between groups such as French-speaking and English-speaking Canadians).

There are cultural norms regulating almost all aspects of family life. They provide a blueprint of the behavior appropriate for husbands, wives, children, grandfathers; in fact, for each of the relationships within a family. Thus, the culture contains norms specifying such things as how marriages are to be arranged (and, if necessary, dissolved), who is to be regarded as a member of the family, what activities a husband should carry out in relation to the wife and vice versa, how children should be brought up, and so on.

Limitations of Cultural Determinism

The difficulty with the idea of cultural norms as causes of family behavior is that, if taken literally, it means that all families within a given society can be expected to behave in the same way. Obviously that is not the way things really are. Every family is in some ways unique. Therefore, even though culture does, *on the average*, define what family life is like, it is far from the whole story. To round out the story we must consider at least two other determinants of what goes on in the family. These are the personalities of its members and the way the family and the society are organized. Both can vary independently of the culture and, as will be shown later, can exert pressures which are contradictory to the cultural norms.

Psychological Influences

For most North Americans, individual psychological traits are the first things that come to mind when asked for an explanation of some behavior. Suppose, for example, that we were to stop a man in the street and describe a hypothetical family in which the wife throws things at the husband. If we then asked for a guess as to why this happened, the chances are extremely good that he would say something about the wife being an aggressive or uncontrolled person or the husband being a masochist. Personality traits such as these are important, but (having noted this fact) they will receive little attention from here on. This is partly because psychological factors are already a firm part of our natural way of thinking, and therefore, there is little need to take space arguing for their importance. However, the unique thing a sociologist can contribute to an understanding of the family is to point up and illustrate cultural and other social structural influences on the family.

Social Organizational Influences

What are these other social structural influences? They are what sociologists usually call *social organizational* influences. Social organization means the pattern of relationships among individuals and among groups—how the parts are related to each other and to the whole.

Some aspects of social organization are dictated by the culture, but many are not. Whether or not it is prescribed by the culture, each aspect of social organization has consequences that are distinct from the cultural influences. For example, a family might contain one, two, three, four, or eight children. There are cultural "rules" specifying how many children one should have. The current middle-class rules tend to specify two or three children. Anyone who has no children finds himself under considerable cultural pressure to produce some, and anyone who has many is under similar pressure to stop at that point. The pressure is often subtle: "Why don't you have any children?" or "How come you have six children?" But subtle or not, the social pressures to conform to this aspect of middle-class norms do exist and most of us do follow the rules of the culture.

Now, the fact that there is one child, two children, three, four, six, or eight in a family makes a difference to what goes on in that family, irrespective of whether the couple had the number of children they did because of cultural rules, biological limits on fertility, or contraceptive failure. To take a very simple example, if it is the family custom to eat the evening meal together, the number of children present is going to influence how long any one child can, on the average, talk at the dinner table. Assume that each child gets an equal chance and that the meal lasts 30 minutes. If there are two children, each child could, other things being equal, talk for 10 minutes (I am allowing 10 minutes for the parents to say something). But if there are four children, then each child's limit would be cut to 5 minutes.

Table 4-1 provides illustrations of psychological, cultural, and social organizational influences on several aspects of the family. The first row of this table is concerned with the example of talkativeness at the dinner table. The right hand entry in this row refers to the elementary but important aspect of social organization just described, namely, the size of the group. Table 4-1 also points out that "talkativeness at the dinner table" can be traced to psychological differences between children such as their drive level and degree of fluency and to *cultural* norms such as the old rule that "children should be seen and not heard."

Assuming that the examples in Table 4-1 make clear the distinction between psychological, cultural, and social organizational factors, we can return to a detailed examination of violence between family members as an illustration of the idea of social structural influences on the family—that is, cultural factors and organizational factors.[b]

The Myth of Family Nonviolence

There is a startling contrast between the cultural norms concerning violence between family members and the actual structure of social relationships in the family. The family is usually thought of as a group committed to *nonviolence* between its members. Family members are supposed to maintain benevolent and loving relationships. Yet, as will be shown in the next section, violence is so common as to be almost universal.

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[b] The distinction between psychological, cultural, and social organizational factors is purely for analytical purposes. In the actual operation of any social group, the three are interwoven.

Table 4-1
Examples of Psychological and Social Structural Explanations of Individual Behavior and Family Patterns

	Type of explanation, causal factor, or "independent variable"		
		Social Structure	
Dependent Variable	PSYCHOLOGICAL (Individual or intrapsychic)	CULTURAL (The society's rules of conduct)	SOCIAL ORGANIZATION (Structure of interaction, of organizations, and of resources and constraints)
Talkativeness (at dinner table) of any one child in a family	Child's drive level and verbal fluency	Concepts of correct or polite behavior by children	Number of children in the family
Permissive child-rearing practices	Rigid *vs* flexible personality of parent	Recommendation of child care experts	High rate of social change and influence of other socialization agents reduce parental authority
Divorce	Incompatible personalities of husband and wife (Terman and many others)	Legal and informal restrictions on divorce	Number of wives (monogamy *vs* polygamy) *or* ties of one spouse to family of orientation interfere with obligations to family of procreation
Ethnic prejudice	Authoritarian personality	Legal restrictions on racial equality reflecting and enforcing norms	Membership in a hierarchial organization
Suicide	Depressive personality	Laws, folkways or mores forbidding or requiring suicide	Social integration
Wife beating	Aggressiveness of husband	Lower-class male "machismo" values and beliefs	Unemployment or other events that deprive husband of means of maintaining his position

There is thus a discrepancy between the idealized picture of the family (i.e., the cultural norms and values) and what actually goes on in the family. The idealization is a useful and perhaps even necessary social myth. The usefulness of the myth stems from the fact that the family is a tremendously important social institution, and elaborate precautions are taken to strengthen and support it. In Western countries one of these supportive devices is the myth of familial love and gentleness. This ideal encourages people to marry and stay married despite the stresses and strains of family life (Ferriera 1963). Thus, from the viewpoint of preserving the integrity of a critical social institution, such a mythology is highly useful.

At the same time, the semi-sacred nature of the family has prevented an objective analysis of the exact nature of intrafamilial violence. To begin with, there is the tendency just mentioned to deny or to avoid consideration of the widespread occurrence of violence between members of "normal" families.

This is the myth of family consensus and harmony. Another is the idea that wife-beaters and parents who abuse their children must be mentally ill. No doubt some are. But the studies of child abuse by Gil (1970) and Gelles (1973) indicate that such actions more often reflect the carrying out of a *role model*, which the abusing parent or the violent husband *learned* from his or her parents and which is brought into play when social stresses become severe.

Frequency of Family Violence

Just what is the incidence of violence between family members? The most ubiquitous type of physical violence is corporal punishment by parents. In England and the United States various studies show that between 84 and 97 percent of all parents use physical punishment at some point in the child's life (Steinmetz and Straus 1974). Moreover, the use of physical force to maintain parental authority is not confined to early childhood. Steinmetz and Straus have data on students in three different regions of the United States: half of the parents either used physical punishment or threatened to during their senior year in high school (Steinmetz 1971; Straus 1971; and Steinmetz 1974). "Spare the rod and spoil the child" is not a dead ideology in the United States or, I suspect, in Canada.

Of course, it can be objected that physical punishment is not really the same as other violence. I agree that it is not the same. But it is violence none the less. In certain respects it has the same consequences as other forms of violence, despite the good intentions. For example, the research on parents' use of physical punishment shows that parents who use it to control the aggressiveness of their children are probably *increasing* rather than decreasing those aggressive tendencies (Eron, Walder, and Lefkowitz 1971; and Sears, Maccoby, and Levin 1957). Violence begets violence, however benevolent the motivation.

It is not altogether rare for violent tendencies thus built into the personality of the child to be turned against the parents, as in the case of Lizzie Borden who, in 1892, as the famous rhyme goes:

> *. . .took an ax*
> *And gave her father forty whacks*
> *When the job was neatly done*
> *She gave her mother forty-one.*

Of course, most intrafamily violence is less bloody than that attributed to Lizzie Borden. But a great deal is this bloody. In fact, when one examines the nature of the relationship between a murderer and his or her victim, the largest single category of victim is that of family member or relative (Palmer 1972).

The magnitude of family violence struck home to me during a summer heatwave. On page 1 of the *New York Times* for July 22, 1972, was an article discussing the increase in murders that had occurred during the previous few days of extreme heat in New York City and summarizing the statistics for murder in New York during the previous six months. On page 2 was an article summarizing the deaths in Northern Ireland in the previous three and one-half years of disturbances. The striking thing about this juxtaposition of materials is that it showed that about as many people were murdered by their relatives in one six-month period in New York City as had been killed in all of the disturbances in Northern Ireland in three and a half years!

Still, you may say these are unusual things. After all, even though more people are murdered by members of their own families than by any other type of person, and even though the United States is a country with a high rate of homicide, the rate is still only 7 or 8 per 100,000 of population. So let us turn to nonlethal physical violence between husband and wife. How often does this occur? It is very hard to obtain accurate statistics, but we can start with the phenomenon as seen by the police, or more accurately as feared by the police.

Just as relatives are the largest single category of murder victim, so family fights are the largest single category of police calls. One legal researcher (Parnas 1967, p. 914) estimates that more police calls involve family conflict than do calls for all criminal incidents, including murders, rapes, nonfamily assaults, robberies, and muggings. It seems as though we should be at least as concerned with "violence in the home" as we are with "crime in the streets." Moreover, the police dread these kinds of calls. In the first place, a family disturbance lacks the glamour and prestige and public appreciation of a robbery or an accident call. Second, and more important, they are extremely dangerous. Many a policeman coming to the aid of a wife being beaten has had a chair or a bottle thrown at him or has been stabbed or shot by the wife who either suddenly became fearful of what was going to happen to her husband or just plain turned her rage upon the police. Twenty-two percent of all police fatalities come from investigating problems between man and wife, or parent and child (Parnas 1967).

Of course, one cannot tell from these data on police calls just what proportion of all husbands and wives have had physical fights, since it takes an unusual combination of events to have the police called in. The closest published estimate is to be found in the studies of Levinger (1968) and O'Brien (1972). Both these researchers studied applicants for divorce. O'Brien found that 17 percent of his cases spontaneously mentioned overt violent behavior, and Levinger found that 23 percent of the middle-class couples and 40 percent of the working-class couples gave "physical abuse" as a major complaint.

Both these figures probably underestimate the amount of physical violence between husbands and wives because there were probably violent incidents that were not mentioned or not listed as a main cause of the divorce. Perhaps these figures should be at least doubled. Even then, we are far from knowing the extent of husband-wife violence. First, there is a discrepancy between the O'Brien and the Levinger figures. Second, these figures apply to couples who have applied for divorce. It may be that physical violence is less prevalent among other couples; or it may be, as we suspect, that the difference is not very great.

The closest thing to data on a cross section of the population is to be found in a survey conducted for the National Commission on the Causes and Prevention of Violence, which deals with what violence people would approve (Stark and McEvoy 1970). These figures show that one out of four men in this survey and one out of six women would approve of slapping a wife under certain conditions. As for a wife slapping a husband, 26 percent of the men and 19 percent of the women would approve. Of course, some people who approve of slapping will never do it and some who disapprove *will* slap—or worse. Probably the latter group is larger. If so, we know that husband-wife violence at this minimal level occurs in at least one quarter of American families.

Our own two pilot studies also give some indication of the high frequency of violence in the family. First, Richard Gelles is doing a series of in-depth case studies of a sample of 80 families. He finds that about 56 percent of the couples have used physical force on each other at some time and about one quarter do so repeatedly (Gelles 1974).

The second of our exploratory studies is being done by questionnaires given to freshmen at the University of New Hampshire. These students responded to a series of questions about conflicts that occurred in their families during their senior year in high school and to further questions about how these conflicts were dealt with. Included in the conflict resolution section were questions on whether or not the parties to the disputes had ever hit, pushed, shoved, or thrown things at each other in the course of one of the disputes.

The results show that during that one year 62 percent of these high school seniors had used physical force on a brother or sister and 16 percent of their parents had used physical force on each other. Remember that these are figures for a single year, the percentage who had *ever* used violence is probably much greater. How much greater is difficult to estimate because we cannot simply accumulate the 16 percent for one year over the total number of years married, because some couples will never have used violence and others will have used it repeatedly. Nevertheless, it seems safe to assume that it will not always be the same 16 percent.

There are two aspects of the husband-wife violence data that should be noted before returning to the question of how culture and social organization influence family violence. The first is that these are reports of the use of violence that are *known to the child.* They may well be underestimates because middle-class parents often take care to have their battles when the children are not around. Second, there was almost no difference between husbands and wives in the use of violence—that is, women are just as likely to use violence against their husbands as the other way around. This is an unexpected result since the cultural norms tolerate markedly less female use of violence than male.

Influences of the Larger Culture on Family Violence

The figures just given make clear why this discussion opened with the statement that violence between family members is so common as to be almost universal. Where then do cultural influences come into the picture to help account for this high level of violence in a group to which society looks for love and gentleness? The major cultural influence is the carry-over into the family of the high level of violence that characterizes the United States and probably many other societies.

The United States is a society that practices and approves of violence. The widespread approval of violence in other spheres of life cannot help but influence what goes on in the family. Moreover, there is evidence to show that it is a circular process: the violence occurring in the family is one of the things that makes for a violence-approving society in other spheres of life (Adorno et al. 1950; Sears, Maccoby, and Levin 1957; and Owens and Straus 1973).

First, as to the prevalence of violence approval as a cultural element, there are relevant data from large-scale surveys conducted in 1968 and 1969. The study done for the National Commission on the Causes and Prevention of Violence (Stark and McEvoy 1970) revealed that 72 percent of the U.S. population felt that while it is unfortunate that civilians are killed in war, it can't be avoided.

The unfortunate truth is that Americans approve of war as a means of settling conflicts between nations, and the war in Viet Nam is only a specific example (Schuman 1972). This approval of war appears most directly in the violence commission data, which shows that 58 percent of the respondents agreed with the statement that "Human nature being what it is, there must always be war and conflict." To the question asking whether the United States is ". . . frequently justified in using military force (against other countries?)," some 62 percent answered "yes.".

What about the use of violence on their fellow Americans? A national sample conducted in 1969 found that 84 percent approve of capital punishment (Blumenthal, Kahn, Andrews, and Head 1972). Almost all approve of the police carrying guns and using them in self defense and even, if necessary, to halt nonviolent crimes. The 1969 survey found that 60 percent of those interviewed said that the police were "almost always" or "sometimes" justified in shooting to control ghetto riots. Only 17 percent said "never" justified. It may be argued that this approval of shooting is a special case because it involves blacks and hence may reflect racial animosities as much as or more than it reflects approval of violence in general. That does not seem to be the case. The same questions were asked about steps that would be justified in handling student disturbances. Here the percentage rejecting shooting were greater (27 percent) but not enough to alter basic findings that most U.S. citizens support the use of extreme physical force as a means of social control.

The use of firearms to maintain law and order is part of the frontier tradition that is daily drilled into millions of children by TV westerns and used to be drilled into people my age on the radio and in films. Over and over, in these westerns and James Bond type shows, the "good guys" triumph over the "bad guys" through the use of violence. Violence in television would be no problem if the message of such films could be regarded as something that exists only on TV and is confined to the world of fantasy. Unfortunately, this seems unlikely. The Violence Commission data shows that the idea of justice through violence is a living part of U.S. culture. Exactly half of all Americans in the sample (in equal proportions of men and women) felt that "Justice may have been a little rough-and-ready in the days of the Old West, but things worked better then than they do now with all the legal red tape" (Stark and McEvoy 1970).

Families as Teachers of Violence

It is now time to link this to the family. A personal incident may illustrate the issue. When my son was about nine years old, one of the women in our neighborhood expressed concern to my wife about the way we were bringing him up. The problem, from this woman's viewpoint—and it turned out to be one shared by other neighbors—was that when other boys hit John, he usually didn't fight back. By some miracle, we had been successful in teaching our son that the best alternative, if peace can't be restored in any other way, is simply to go away. But these neighbors were concerned about the moral development of our son because they considered this behavior unmanly and cowardly.

It is, of course, always possible that the neighborhood was atypical in some way. But I suspect not. This suspicion has now been confirmed by data in the U.S. Violence Commission survey. Almost three-quarters of this nationwide sample felt that "When a boy is growing up, it is very important for him to have a few fist fights." This and other evidence summarized by Steinmetz and Straus (1973) shows that cultural norms approving violence are a pervasive part of American culture and that these norms also pervade the family; in fact, they are systematically inculcated by the family.

Cultural Contradictions, Social Organization, and Family Violence

Although cultural norms are influential, they by no means determine family behavior. This section will examine two of the reasons why culture is not deterministic: the presence of cultural contradictions and the influence of social organization.

Cultural Contradictions

There are certain contradictions in what has been presented up to this point. Most notable is the contrast between the cultural definition of the family as a place for love and gentleness coexisting with a general cultural approval of violence that pervades the family.

Cultural contradictions are found in most or perhaps all societies. They are by no means entirely undesirable. In fact, cultural contradictions help prevent society from stagnating, open possibilities for social change, and allow for a measure of individual autonomy; without them, we might well be slaves to the dictates of culture. Each individual and each family can and must manipulate many and often conflicting norms and values to work out a strategy for his or its own life. This process of selecting from and reconciling the different aspects of a culture is one of the reasons why the existence of cultural norms does not lead to every family being the same as every other family.

Social Organization

A second aspect of social life that prevents culture from being deterministic are the unintended consequences of social organization. The effect of social organization on violence in the family can be illustrated with the very simple aspect of family organization mentioned previously—the number of children. The studies reviewed by William Goode (1971), my own data on families of university students, and data on families in Hong Kong reported by Nancy Olson (1972) all show that the more children in a family, the more often corporal punishment is used. One cannot claim that this is a cultural influence because it cuts across both Chinese and American culture and because nothing in our culture says that if you have more children you should beat them more. Rather it is what sociologists would call a "structural" or "organizational" effect. This particular influence has long been recognized, for example, in the nursery rhyme "There was an old woman who lived in a shoe." The harassed old woman in question was putting into practice a truth only too well known by parents of large families: the more children there are, the less time can be spent on explaining, reasoning, guiding, providing alternatives, and other techniques short of brute force!

The more general point is that the social organization of the family and the society often places people in situations for which violence seems to be the only solution. Rollo May has captured the essential dilemma well in his recent book *Power and Innocence* (1972) when he says that "Violence arises not out of superfluity of power but out of powerlessness . . . Violence is the expression of impotence." At some point or other we all reach the end of our tether and can no longer deal reasonably and lovingly with our families. It is no wonder, then, that at some point or other so many resort to blows. Hence the paradox that one of the factors making violence a continuing element in family life is the very depth and intensity of our commitment to the family.

Combined Effects

It would be possible to list a number of other violence-producing or violence-diminishing forces that are due to the social organization of the family. However, although the effect of such organizational factors cuts across cultures, one can come better to grips with the issue if the family organizational factors are considered in relation to relevant aspects of the culture and the personality of the family members.

Parent-Child Violence

To continue with the example of the number of children influencing parental use of physical punishment, greater predictive accuracy can be obtained if we include in the analysis something about the personality and values of the parents. We can crudely take into account the values and resources of the parents by dividing our sample into blue-collar fathers and white-collar fathers (Kohn 1969). An analysis doing just this showed that having many children seems to increase the use of physical punishment in the working-class families but has almost no effect in middle-class families.

It will take additional research to find out why the effect of the number of children is greater among the working-class families. For the present, however, we can consider some plausible reasons, any one or all of which might be right. First, a large middle-class family may be a matter of choice, rather than due to contraceptive failure or nonuse of contraceptives as tends to be the case in the working class. There can be an important difference between the way parents treat a group of children whose presence indicates fulfillment of a personal or cultural value as compared to children who result from "accidents" or the will of God. Second, and probably related to the first of these speculations, is the possibility that middle-class parents who want a big family, more often have the social competence to manage one. A third speculation, and one which seems likely irrespective of the first two, is the fact that middle-class parents have sufficient income to support a relatively large family: they can afford baby sitters, adequate housing, and more labor saving appliances, which greatly reduces the strain.

Husband-Wife Violence

Economic factors also combine with cultural factors to influence violence between husband and wife. In most societies the husband is expected to play the role of family leader or, as it is called in the census, head of the household. In some societies, such as that of traditional India, the authority of the husband is based on his position in the network of kin–that is, as the representative of his lineage. However, in industrial societies, the position of leadership is based on the prestige and earning power of the husband's occupation. Consequently, if the husband is unemployed or does not earn an amount consistent with other men in the family's network of associates, his leadership position is undermined. Data from a study by O'Brien (1971) shows that when this happens, husbands tend to try to maintain their superior position through the use of physical force. Data from my study of the parents of university students given in Figure 4-1 provides further evidence. Figure 4-1 shows that the percentage of husbands who struck their wives in the last year ranges from a low of 4 and 7 percent for those whose wives are almost completely or completely satisfied with their family income up to 16 and 18 percent for those whose wives are slightly satisfied or not at all satisfied.

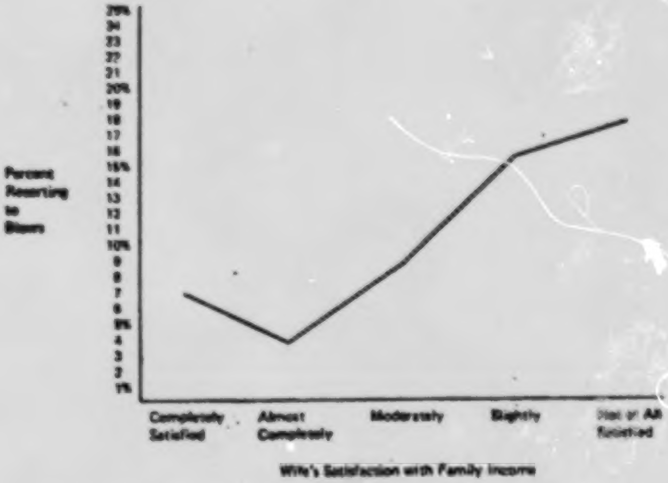

Figure 4-1. Husband-Wife Violence Scores, by Wife's Satisfaction with the Family Income.

My interpretation of findings such as those shown in Figure 4-1 is that they represent the combined effects of a social organizational factor (the economic base of the family) with a cultural factor (the norm specifying that the husband has superior power). Neither of these by themselves would produce violence.

It is going to take a much more complicated analysis of the data than has so far been carried out to know whether this interpretation is correct. However, in the meantime, one additional set of data can be presented that is at least consistent with this interpretation. This is a tabulation relating the amount of husband-wife violence to the relative power of the husband and the wife. Inspection of Figure 4-2 shows that the rate of violence is low for husband-led families and stays low for families in which husband and wife have about equal power. However, it goes up sharply for the families to the right of the chart. These are families in which the wife has the predominant power. Again, this seems to be a joint product of this aspect of family organization and the cultural norms that specify male leadership is the appropriate form of family organization. These norms have now been modified to give cultural approval to an egalitarian organization. When the day arrives in which there is true equality between the sexes—especially in that stronghold of male power, the family—I predict that the high level of violence in Figure 4-2 for the wife-led families will no longer be found.

It also follows that if the culture were to change so that the husband no

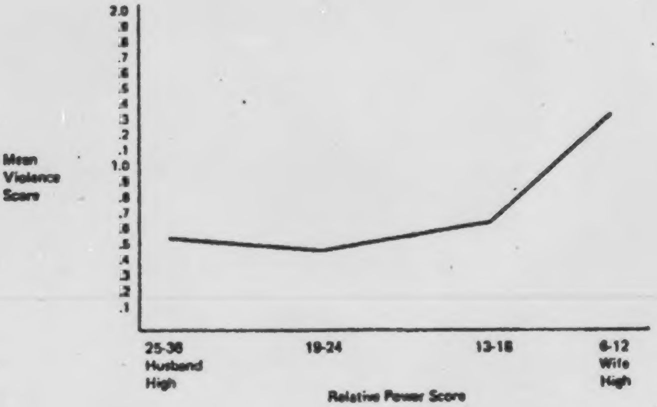

Figure 4-2. Mean Violence Score, by Relative Power of Husband and Wife.

longer need be the leader nor base his power position on occupational prestige and earnings, low income and unemployment would no longer be a cause of violence. Similarly, if the culture stays the same but the social organization of society were to change in a way that guaranteed every man a job with prestige and earnings consistent with his family's expectations, violence from this source would no longer occur.

Summary and Conclusions

A number of things have been covered in this chapter, of which the most important are the following:

First, there was an attempt to clarify and illustrate what is meant by a cultural influence, and more specifically, the idea that the aspect of culture of interest to those concerned with the family is *cultural norms*. By this is meant the standards for behavior that are learned from and shared with others.

Second, important as are cultural norms, they are only one aspect of the complex way in which social forces shape the pattern of family life. In addition to culture, one must also consider the socially patterned aspects of personality of the family members and the social organization of the group. Since the impact of social organization is less widely recognized than are the influences of culture and personality, major emphasis was given to illustrating how social organization influences the family.

Third, the cultural and social organizational factors affecting the family are not confined to those things directly concerned with the family. Specifically, the pervasiveness of violence and the approval of violence, as a means for achieving socially desirable ends, unavoidably affect the family. The family becomes a reflection of and also a training ground for the use of violence in all aspects of our lives (Owens and Straus 1973).

Fourth, in the real world it is not the psychological, the cultural, nor the social organizational factors that, by themselves, produce violence among family members. Rather it is certain combinations of these elements, working upon the ongoing process of social interaction, which must be understood. Some examples of these combined effect processes were given in this chapter. A more formal treatment of the family as a social system producing violence is being developed (Straus 1973).

Fifth, and finally, this chapter has presented information on violence in the family. William Goode (1971) holds that force and violence are the foundation on which the family system rests. If this is true, as I believe it to be, then both defenders and critics of the present family system must have a fuller understanding of the phenomenon of violence in the family. I hope that this chapter has made a contibution toward knowledge of this little understood but centrally important aspect of the family.

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WIFE-BEATING: HOW COMMON, AND WHY?*

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WHAT IS WIFE-BEATING?

MEASURING WIFE-BEATING

THE EXTENT OF WIFE-BEATING
- Yearly Incidence
- Yearly Frequency
- Duration of Marriage Rates
- Accuracy of Estimates

HUSBAND BEATING
- Violence Rates
- Specific Violent Acts
- Policy Implications

THE CAUSES OF WIFE-BEATING

HIGH LEVEL OF FAMILY CONFLICT
1. Time at Risk
2. Range of Activities and Interests
3. Intensity of Involvement
4. Impinging Activities
5. Right to Influence
6. Age and Sex Discrepencies
7. Ascribed Roles
8. Family Privacy
9. Involuntary Membership
10. High Level of Stress

HIGH LEVEL OF VIOLENCE IN THE SOCIETY

FAMILY SOCIALIZATION IN VIOLENCE

CULTURAL NORMS

SEXUAL INEQUALITY AND THE VIOLENT SOCIETY

FOOTNOTES

REFERENCES

VA-3 As the title of this paper indicates, there are two main objectives: The first objective is to present some of the findings on violence between spouses from a recently completed study of American couples. These findings are unique because they are the first such data on a nationally representative sample. Although the findings have limitations, they give at least indication of the extent to which wife-beating is part of the way of life of American families.

The second objective is to help explain the paradox of why it is that the group to which most people look for love and gentleness, is also the most violent civilian group or institution in our society.

The first of these objectives poses tremendous technical problems. The second objective, in addition to the technical problems, poses theoretical problems which are fundamental to our understanding of human society. Therefore, what follows should be taken as highly tentative, beginning answers to these questions.

To be more specific about some of the problems, data will be presented on a sample of of over 2,000 couples. This sample was chosen in a way which makes it extremely likely that they are representative of all American couples. Moreover, such things as the ages, race, and socioeconomic status of the couples in the sample corresponds quite closely with census data for the nation as a whole. So far so good. But what about the data on wife-beating?

WHAT IS WIFE-BEATING?

To do research on the incidence of wife-beating, one must be able to define it in a way which can be objectively measured. Here one soon realizes that "wife-beating" is a political rather than a scientific term. For some people wife-beating refers only to those instances in which severe damage is inflicted. Other violence is treated as normal or laughed off. For example, a joke I remember hearing as a child, and which I heard again on my car radio while driving across northern England, goes like this in the BBC version: One woman asks another why she feels her husband doesn't love her anymore. The answer: "He hasn't bashed me in a fortnight." Or take the following:

> Concord, N.H. (AP) The New Hampshire Commission on the Status of Women has rejected a plan to help battered wives, saying that wife-beating is caused by the rise of feminism.

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> "Those women libbers irritate the hell out of their husbands," Said Commissioner Gloria Belzil of Nashua.
>
> At a metting Monday, commission members, appointed by Gov. Meldrim Thomson, said any program to help battered wives would be "an invasion of privacy." (Portsmouth Herald, Sept. 13, 1977.)

This statement suggests that a certain amount of violence in the family is "normal violence" in the sense that it is deserved (for example by "irritating the hell" out of one's spouse) and that unlike violence outside the family, the state should not interfere.

The same conclusion is suggested by a recent conversation with a student who had decided to do a term paper on violence in the family. She came to see me for help on how to narrow the topic to something managable. I suggested that she could choose to concentrate on either husband-wife violence, parent-child violence, or violence between the children in a family. She was astounded at the latter possibility and said "Well I never thought of my brother hitting me as violence." So there seems to be an implicit, taken-for-granted cultural norm which makes it legitimate for family members to hit each other. In respect to husbands and wives, in effect, this means that the marriage licence is also a hitting licence.

But at what point does one exceed the bounds of "normal" family violence? When does it become "wife-beating." The solution to this problem which Suzanne Steinmetz, Richard Gelles and I took for our research, is to gather data on a continuum of violent acts, ranging from a push to using a knife or gun. This lets anyone draw the line at whatever place seems most appropriate for their purpose.

MEASURING WIFE-BEATING

But this "solution" can also be a means of avoiding the issue. So in addition to data on each violent act, we also combined the most severe of these into what can be called a "severe violence index" or, for purposes of this paper, a "Wife-Beating Index."

The Conflict Resolution Techniques (CRT) scales were used to gather this data (Straus, 1976b). These scales provide data on how family members attempt to deal with conflicts between themselves. The Physical Violence Index of the CRT contains the following eight items:

K. Throwing things at the spouse
L. Pushing, shoving or grabbing
M. Slapping
N. Kicking, biting, or hitting with the fist
O. Hit or tried to hit with something
P. Beat up
Q. Threatened with a knife or gun
R. Used a knife or gun

The overall Violence Index consists of the extent to which any of these acts were carried out during the previous twelve months. The Wife-Beating Index consists of the extent to which acts N through R occurred.

The choice of acts N through R as the Wife-Beating Index does not reflect our conception of what is permissible violence. I find none of these to be acceptable for relationships between any human beings, including parent and child, brother and sister, husband and wife, student and teacher, minister and parishioner, or colleagues in a department. In short, I follow the maxim coined by John Valusek: "People are not for hitting."

What then is the basis for selecting items N through R to make up the Wive-Beating Index ? It is simply the fact that these are all acts which carry with them a high risk of serious physical injury to the victim. With these considerations in mind, we can turn to the question of trying to estimate the extent of wife-beating in the United States.

THE EXTENT OF WIFE-BEATING

Yearly Incidence. The most direct, but in some ways also a misleading, statistic emerging from the data on the 2,143 couples in our sample is that, for the twelve month period preceding the interview, 3.8% of the respondents reported one or more physical attacks which fall under our operational definition of wife-beating. Applying this incidence rate to the approximately 47 million couples in the USA, means that in any one year, approximately 1.8 million wives are beaten by their husbands.

I mentioned that this can be a misleading figure. This is because there are two other things which must be considered: how often these beatings occur, and how they fit in with the overall pattern of violence in the family.

Yearly Frequency. Among those couples in which a beating occurred, it was typically not an isolated instance, as can be seen from the "Frequency In 1975" columns of Table 1. However, the mean frequency of occurance overstates the case because there

Table 1. Comparison of Husband and Wife Violence Rates

CRT Violence Item	Incidence Rate		Frequency*			
			Mean		Median	
	H	W	H	W	H	W
Wife-Beating and Husband-Beating (N to R)	3.8	4.6	8.0	8.9	2.4	3.0
Overall Violence Index (K to R)	12.1	11.6	8.8	10.1	2.5	3.0
K. Threw something at spouse	2.8	5.2	5.5	4.5	2.2	2.0
L. Pushed, grabbed, shoved spouse	10.7	8.3	4.2	4.6	2.0	2.1
M. Slapped spouse	5.1	4.6	4.2	3.5	1.6	1.9
N. Kicked, bit, or hit with fist	2.4	3.1	4.8	4.6	1.9	2.3
O. Hit or tried to hit with something	2.2	3.0	4.5	7.4	2.0	3.8
P. Beat up spouse	1.1	0.6	5.5	3.9	1.7	1.4
Q. Threatened with a knife or gun	0.4	0.6	4.6	3.1	1.8	2.0
R. Used a knife or gun	0.3	0.2	5.3	1.8	1.5	1.5

*For those who engaged in each act, i.e., omits those with scores of zero are a few cases in which violence was almost a daily or weekly event. For this reason, the median gives a more realistic picture of the typical frequency of violence in the violent families. This is 2.4, i.e., the typical pattern is over two serious assaults per year. But of course there is great variation. For about a third of the couples who reported an act which falls in our wife-beating category, it occurred only once during the year. At the other extreme, there were cases in which this occurred once a week or more often. In between are about 19% who reported two beatings during the year, 16% who reported 3 or 4 beatings, and a third who reported five or more during the year.

(Table 1 about here)

A more literal interpretation of the data can be obtained from looking at the figures in Table 1 for each type of violent act. By a "more literal interpretation" I mean restricting the category of "wife-beating" only to those who used the term "beat up" to describe what happened (item P). This gives a figure of 1.1% during the year, with a median of 1.7 beatings per year among the couples who reported a beating. While this is much lower than the 3.8% figure taking into account all the severe violent acts, it still represents over half a million families.

Duration of Marriage Rates. Another aspect of wife-beating which must be considered is the proportion of families in which a beating *ever* occurred. Unfortunately, our data for events before the year of the survey do not distinguish between who was the assailant and who was the victim. So all that can be reported is that 28 percent of the couples in the study experienced at least one violent incident and 5.3 percent experienced violence which we consider a beating.

In some of these cases it was a single slap or a single beating. However, there are several reasons why even a single beating is important. First, in my values, even one such event is intrinsically a debasement of human life. Second, there is the physical danger involved. Third is the fact that many, if not most, such beatings are part of a family power struggle. It often takes only one or two slaps to fix the balance of power in a family for many years--or perhaps for a lifetime.

Physical force is the ultimate resource on which most of us learn as children to rely if all else fails and the issue is crucial. As a husband in one of the families interviewed by LaRossa (1977) said when asked why he hit his wife during an argument:

> ..She more or less tried to run me and I said no, and she got hysterical and said, "I could kill you!" And

> I got rather angry and slapped her in the face three or four times and I said "Don't you ever say that to me again!" And we haven't had any problem since.

Later in the interview, the husband evaluated his use of physical force as follows:

> You don't use it until you are forced to it. At that point I felt I had to do something physical to stop the bad progression of events. I took my chances with that and it worked. In those circumstances my judgement was correct and it worked.

Since superior strength and size gives the advantage to men in such situations, the single beating may be an extremely important factor in maintaining male dominance in the family system.

Accuracy of Estimates. How much confidence can be placed in these figures? I am reasonably confident that the sample is representative of American couples generally. But that is only one aspect of the accuracy question. The other main aspect is whether our respondents "told all." Here I have doubts for the following reasons:

(1) Underreporting of domestic violence is likely to occur among two groups of people, but for opposite reasons. On the one hand, there is a large group for whom violence is so much a normal part of the family system that a slap, push, or shove (and sometimes even more severe acts) is simply not a noteworthy or dramatic enough event to be remembered. Such omissions are ecpecially likely when we asked about things which had ever happened during the entire length of the marriage.

(2) Somewhat paradoxically, there is also underreporting at the other end of the violence continuum--those who experienced such severe violent acts as being bitten, hit with objects, beaten up, or attacked with a knife or gun. These are things which go beyond the "normal violence" of family life. There is reluctance to admit such acts because of the shame involved if one is the victim, or the guilt if one is the attacker.

(3) A final reason for regarding these figures are drastic underestimates lies in the nature of our sample. Since a major purpose of the study was to investigate the extent to which violence is related to other aspects of husband-wife interaction, we sampled only couples living together. Divorced persons were asked only about the current marriage (again because of interview time limits and recall accuracy problems). Since "excessive" violence is a major cause of divorce, and since our sample is

limited to couples living together, these data probably omit many of the high violence cases.

These considerations, plus the higher rates in our pilot studies and informal evidence (where some of the factors leading to underreporting were less) suggest that *the true incidence rate is probably closer to 50 or 60 percent of all couples than it is to the 28 percent who were willing to describe violent acts in a mass interview survey*.

HUSBAND BEATING

Now I come to some findings which may be surprising to some readers. This is the fact that the national sample data confirms what all of our pilot studies have shown: (Gelles, 1974; Steinmetz, 1977; Straus, 1974) that violence between husband and wife is far from a one way street. The old cartoons of the wife chasing a husband with a rolling pin or throwing pots and pans are closer to reality than most of us (and especially those of us with feminist sympathies) realize. This can be seen from an inspection of the wife columns in Table 1.

Violence Rates. The overall figures in the second row of Table 1 show that, for all violent acts during the survey year, there is only a lightly higher incidence for husbands than for wives (12.1% versus 11.6%). In addition, those wives who were violent, tended to engage in such acts somewhat more frequently than did the husbands in this sample median of 3.0 times in the year compared to 2.5 times for the husbands). Moreover, the first row of Table 1, which gives the data on severe violence, suggests that the wives were more violent even in this traditional sense of the word violence.

Specific Violent Acts. If we look at the specific types of violent acts sampled by the CRT, there is evidence for the pot and pan throwing stereotype since the number of wives who threw things at their husband is almost twice as large as the number of husbands who threw things at their wife. For half of the violence acts, however, the rate is higher for the husband and the frequency is higher for the husbands than for the wives for all but two of the items. The biggest discrepancy in favor of wives occurs in the kicking and hitting with objects. Such acts are less dependent on superior physical strenght to be effective. This seems to be consistent with the view that a main difference between male and female domestic violence stems from the smaller size, weight, and muscle development of most women, rather than from any greater rejection of physical force on moral or normative grounds.

Policy Implications. Although these findings show high rates of violence *by wives*, this should not divert attention from the need to give primary attention to wives *as victims* as the immediate focus of social policy. There are a number of reasons for this:

(1) A validity study carried out in preparation for this research (Bulcroft and Straus, 1975) shows that under-reporting of violence is greater for violence by husbands than it is for violence by wives. This is probably because the use of physical force is so much a part of the male way of life that it is typically not the dramatic and often traumatic event that the same act of violence is for a woman. To be violent is not unmasculine. But to be physically violent *is* unfeminine according to contemporary American standards. Consequently, if it were possible to allow for this difference in reporting rates, it is likely that, even in simple numerical terms, wife-beating would be the more severe problem.

(2) Even if one does not take into account this difference of underreporting, the data in Table 1 show that husbands have higher rates the most dangerous and injurious forms of violence (beating up and using a knife or gun).

(3) Table 1 also shows that when violent acts are committed by a husband, they are repeated more often than is the case for wives.

(4) These data do not tell us what proportion of the violent acts by wives were in response to blows initiated by husbands. Wolfgang's data on husband-wife homicides (1957) suggests that this is an important factor.

(5) The greater physical strength of men makes it more likely that a woman will be seriously injured when beaten up by her husband than the reverse.

(6) A disproportionately large number of attacks by husbands seem to occur when the wife is pregnant (Gelles, 1975) thus posing a danger to the as yet unborn child.

(7) Women are locked into marriage to a much greater extent than men. Because of a variety of economic and social constraints, they often have no alternative to putting up with beatings by their husband (Gelles, 1976; Martin, 1976; Straus, 1976a, 1977b).

In short, wives are victimized by violence in the family to a much greater extent than are husbands and should therefore be the focus of the most immediate remedial steps. However, these

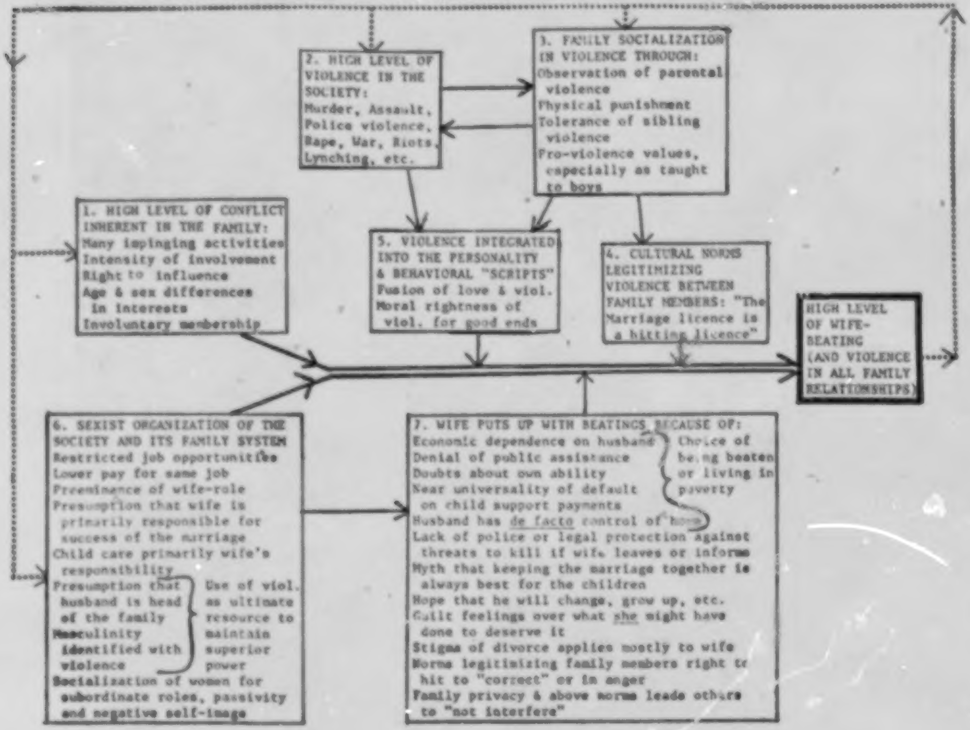

Figure 1. Flow Chart Illustrating Some Of The Factors Accounting For High Incidence of Wife Beating (solid lines) And Positive Feedback Loops Maintaining The System (dashed lines).

1. HIGH LEVEL OF CONFLICT INHERENT IN THE FAMILY:
Many impinging activities
Intensity of involvement
Right to influence
Age & sex differences in interests
Involuntary membership
2. HIGH LEVEL OF VIOLENCE IN THE SOCIETY:
Murder, Assault, Police violence, Rape, War, Riots, Lynching, etc.
3. FAMILY SOCIALIZATION IN VIOLENCE THROUGH:
Observation of parental violence
Physical punishment
Tolerance of sibling violence
Pro-violence values, especially as taught to boys
4. CULTURAL NORMS LEGITIMIZING VIOLENCE BETWEEN FAMILY MEMBERS: "The Marriage licence is a hitting licence"
5. VIOLENCE INTEGRATED INTO THE PERSONALITY & BEHAVIORAL "SCRIPTS"
Fusion of love & viol.
Moral rightness of viol. for good ends
6. SEXIST ORGANIZATION OF THE SOCIETY AND ITS FAMILY SYSTEM
Restricted job opportunities
Lower pay for same job
Preeminence of wife-role
Presumption that wife is primarily responsible for success of the marriage
Child care primarily wife's responsibility
Presumption that husband is head of the family
Masculinity identified with violence
Use of viol. as ultimate resource to maintain superior power
Socialization of women for subordinate roles, passivity and negative self-image
7. WIFE PUTS UP WITH BEATINGS BECAUSE OF:
Economic dependence on husband
Denial of public assistance
Doubts about own ability
Near universality of default on child support payments
Husband has de facto control of home
Choice of being beaten or living in poverty
Lack of police or legal protection against threats to kill if wife leaves or informs
Myth that keeping the marriage together is always best for the children
Hope that he will change, grow up, etc.
Guilt feelings over what she might have done to deserve it
Stigma of divorce applies mostly to wife
Norms legitimizing family members right to hit to "correct" or in anger
Family privacy & above norms leads others to "not interfere"
HIGH LEVEL OF WIFE-BEATING (AND VIOLENCE IN ALL FAMILY RELATIONSHIPS)

data also indicate that a fundamental solution to the problem of wife-beating cannot be restricted to the immediate problem of assaulting husbands. Rather, violence is embedded in the very structure of the society and the family system itself (Straus, 1976a). The particularly brutal form of violence known as wife-beating is only likely to end with a change in the cultural and social organizational factors underpinning parent-to-child, child-to-child, and wife-to-husband violence, as well as husband-to-wife violence.*1

THE CAUSES OF WIFE-BEATING

Now I turn to the proposition that the causes of wife-beating are to be found in the very structure of American society and its family system. Demonstrating this, even in principle, is a vast undertaking. All that can be done in this paper is to identify seven of the main factors and to give the general flavor of the argument. An overview of these factors and some of their interrelationships is given in Figure 1. These are:

(Figure 1 about here)

(1) The fact that the family is a type of social group characterized by a high level of conflict. (2) The fact that the USA is a nation which is fundamentally committed to the use of violence to maintain the status quo or to achieve desirable changes. (3) The fact that the child rearing patterns typically employed by American parents train children to be violent. This in turn: (4) Legitimizes violence within the family and (5) Builds violence into the most fundamental levels of personality and establishes the link between love and violence. (6) The male dominant nature of the family system, with a corresponding tendency to use physical force to maintain that dominance when it is threatened. (7) The fact that the sexual inequalities inherent in our family system, economic system, social services, and criminal justice system, effectively leaves many women locked into a brutal marriage. They literally have no means of redress, or even of leaving such a marriage.

It is the combination of these factors, as shown in Figure 1 (plus others not diagrammed for lack of space) which makes the family the most violent of all civilian institutions, and which accounts for that aspect of family violence which we call wife-beating. Let us look at the first three of these factors in a little more detail, starting with the question of what makes conflict so much a part of family life.

HIGH LEVEL OF FAMILY CONFLICT*2

1. *Time at Risk*. The most elementary family characteristic accounting for the high incidence of conflict and violence in the family is the fact that so many hours of the day are spent interacting with other family members. Although this is an important factor, the ratio of intrafamily violence to violence experienced outside the family far exceeds the ratio of time spent in the family to time spent outside the family. A moment spent comparing the family with other groups in which large amounts of time are spent, such as work groups, provides a concrete way of grasping the fact that far more is involved than just "time at risk."

2. *Broad Range of Activities and Interests*. Most non-family social interactions are focused on a specific purpose. But the primary group nature of the family makes family interactions cover a vast range of activities. This means that there are more "events" over which a dispute or a failure to meet expectations can occur.

3. *Intensity of Involvement*. Not only is there a wider range of events over which a dispute or dissatisfaction can occur, but in addition, the degree of injury felt in such instances is likely to be much greater then if the same issue were to arise in relation to someone outside the family. The failure of a work colleague to spell or to eat properly may be mildly annoying (or more likely just a subject for derision). But if the bad spelling or table manners are those of one's child or spouse, the pain experienced is often excruciating.

4. *Impinging Activities*. Many family activities have a "zero sum" aspect. Conflict is structured into such things as whether Bach or rock will be played on the family stereo, whether to go to a movie or bowling, or a line up for use of the bathroom. Less obvious, but equally important is the impinging on one's personal space or self-image brought about by the life style and habits of others in the family, such as those who leave things around versus those who put everything away, or those who eat quickly and those who like leisurely meals.

5. *Right to Influence*. Membership in a family carries with it an implicit right to influence the behavior of others. Consequently, the dissatisfaction over undesirable or impinging activities of others is further exacerbated by attempts to change the behavior of the other.

6. *Age and Sex Discrepencies*. The fact that the family is composed of people of differenct sexes and age (especially during the child rearing years), coupled with the existence of generational and sex differences in culture and outlook on life, makes the family an arena of culture conflict. This is

epitomized in such phases as "battle of the sexes" and "generational conflict."

7. Ascribed Roles. Compounding the problem of age and sex differences is the fact that family statuses and roles are, to a very considerable extent, assigned on the basis of these biological characteristics rather than on the basis of interest and competence. An aspect of this which has traditionally been a focus of contention is socially structured sexual inequality, or in contemporary language, the sexist organization of the family. A sexist structure has especially high conflict potential built in when such a structure exists in the context of a society with equalitarian ideology. But even without such an ideological inconsistency, the conflict potential is high because it is inevitable that not all husbands have the competence needed to fulfill the culturally prescribed leadership role (Kolb and Straus, 1974; Allen and Straus, 1975).

8. Family Privacy. In many societies the normative, kinship, and household structure insulates the family from both social controls and assistance in coping with intrafamily conflict. This characteristic is most typical of the conjugal family system of urban-industrial societies (Laslett, 1973).

9. Involuntary Membership. Birth relationships are obviously involuntary, and under-age children cannot themselves terminate such relationships. In addition, Sprey (1969) shows that the conjugal relationship also has non-voluntary aspects. There is first the social expectation of marriage as a long term commitment, as expressed in the phrase "until death do us part." In addition, there are emotional, material, and legal rewards and constraints which frequently make membership in the family group inescapable, socially, physically, or legally. So, when conflicts and dissatisfactions arise, the alternative of resolving them by leaving often does not, in parctice, exist--at least in the percpetion of what is practical or possible.

10. High Level of Stress. Paradoxically, in the light of the previous paragraph, nuclear family relationships are unstable. This comes about because of a number of circumstances, starting with the general tendency for all dyadic relationships to be unstable (Simmel, 1955:118-144). In addition, the nuclear family continuously undergoes major changes in structure as a result of processes inherent in the family life cycle: events such as the birth of children, maturation of children, aging, and retirement. The crisis like nature of these changes has long been recognized (LeMasters, 1957).

HIGH LEVEL OF VIOLENCE IN THE SOCIETY

These ten characteristics of the family, combined with the huge emotional investment which is typical of family relationships, means that the family is likely to be the locus of more, and more serious, conflicts than other groups. But conflict and violence are not the same. Violence is only one means of dealing with conflict. What accounts for the use of violence to deal with conflicts within the family? One fundamental starting place is the fact that we are talking about families which are part of a violent society. There is a carry over from one sphere of life to another, as I have tried to show in a paper comparing levels of family violence in different societies (Straus, 1977a). However, even granting the carry-over principle, this is by no means sufficient. Conflict is also high, for example, in academic departments. But there has never been an incident of physical violence in any of the six departments I have taught in during the past 25 years. In fact, I have only heard of one such incident occurring anywhere. Clearly, other factors must also be present.

FAMILY SOCIALIZATION IN VIOLENCE

One of the most fundamental of these other factors is the fact that the family is the setting in which most people first experience physical violence, and also the setting which establishes the emotional context and meaning of violence.

Learning about violence starts with physical punishment, which is nearly universal (Steinmetz and Straus, 1974). When physical punishment is used, several things can be expected to occur. First, and most obviously, is learning to do or not do whatever the punishment is intended to teach. Less obvious, but equally or more important are three other lessons which are so deeply learned that they become an integral part of one's personality and world view.

The first of these unintended consequences is the association of love with violence. Physical punishment typically begins in infancy with slaps to correct and teach. Mommy and daddy are the first and usually the only ones to hit an infant. And for most children this continues throughout childhood. The child therefore learns that those who love him or her the most, are also those who hit.

Second, since physical punishment is used to train the child or to teach about dangerous things to be avoided, it establishes the moral rightness of hitting other family members.

The third unintended consequence is the lesson that when something is really important, it justifies the use of physical force.

These indirect lessons are not confined to providing a model for latter treatment of one's own children. Rather, they become such a fundamental part of the individuals personality and world view that they are generalized to other social relationships, and especially to the relationship which is closest to that of parent and child: that of husband and wife.

All of the above suggests that early experiences with physical punishment lays the groundwork for the normative legitimacy of all types of violence but especially intrafamily violence. It provides a role model--indeed a specific "script" (Gagnon and Simon, 1973; Huggins and Straus, 1975)--for such actions. In addition, for many children, there is not even the need to generalize this socially scripted pattern of behavior from the parent-child nexus in which it was learned to other family relationships. This is because, if our estimates are correct, millions of children can directly observe and role model physical violence between husbands and wives (see also Owens and Straus, 1975).

CULTURAL NORMS

The preceding discussion has focused on the way in which violence becomes built into the behavioral repertory of individual husbands and wives. Important as that is, it would not be sufficient to account for the high level of family violence if it were not also supported by cultural norms legitimizing such violent predispositions. Since most of us tend to think of norms which call for love and gentleness within the family, it is difficult to perceive that there are _also_ both _de jure_ and _de facto_ cultural norms legitimizing the use of violence between family members. Once one is sensitized to the possibility that such rules exist, examples pop up all over. These rules are sometimes explicit or even mandatory--as in the case of the right and obligation of parents to use a "necessary" and appropriate level of physical force to adequately protect, train, and control a child. In fact, parents are permitted or expect to use a level of physical force for these purposes that is denied even prison authorities in relation to training and controlling inmates.

In the case of husband-wife relations, similar norms are present and powerful, but they are largely implicit and taken-for-granted and therefore also largely unrecognized. But the fact is that, just as parenthood gives the right to hit, the marriage licence is also a hitting licence. The evidence can be found, for instance in everyday expressions and jokes, such as the ditty:

A woman, a horse, and a hickory tree
The more you beat'em the better they be

or the joke mentioned earlier in this paper. Many of the men and women interviewed by Gelles (1974:58) expressed similar attitudes, as represented by such phrases as "I asked for it," or "she needed to be brought to her senses."

But the marriage licence as a "hitting licence" is not just a matter of the folk culture. More importantly, it also remains embedded in the legal system despite many legal reforms favoring women. In most jurisdictions, for example, a woman still cannot sue her husband for damages resulting from his assaults, because, in the words of a California Supreme Court judgement (Self v. Self, 1962) this "would destroy the peace and harmony of the home, and thus would be contrary to the police of the law."[1]

Of course, criminal actions can be brought against an assaulting husband, but here too there is an almost equally effective bar. Inherent in the way the criminal justice system actually operates. Many policemen personally believe that husbands do have a legal right to hit their wives, provided it does not produce an injury requiring hospitalization--the so-called "stitch rule" found in some cities. If a wife wants to press charges she is discouraged from every step in the judicial process, beginning with police officers (often the first on the scene) who will not make arrests, and going on to prosecuting attorneys who will not bring the case to court, and by judges who block convictions in the miniscule fraction of cases which do reach the court (Field and Field, 1973).

Finally, there is evidence from surveys and experiments also pointing to the implicit licence to hit conferred by marriage. Perhaps, the most direct of this type of evidence is to be found in the survey conducted for the National Commission on the Causes and Prevention of Violence (Stark and McEvoy, 1970). This study found that about one out of four of those interviewed agreed with the proposition, that it is sometimes permissible for a husband to hit his wife. Equally cogent are the results of an unpublished experiment by Churchill and Straus. This showed that when presented with identical descriptions of an assault by a man on a woman, those who were told that the couple is married recommended much less severe punishment.

There is a great deal of other evidence supporting the existence of the "marriage license as a hitting licence" norm (Straus, 1976). What was just presented may at least make the case plausible and allow us to move on to a consideration of one other causal factor.

SEXUAL INEQUALITY AND THE VIOLENT SOCIETY

The last causal factor to be considered can be summarized in the proposition that the sexist organization of the society and its family system is one of the most fundamental factors accounting for the high level of wife-beating. Demonstrating this proposition is such a large undertaking that it would require an entire paper in itself. Fortunately, much of the evidence has already been well documented (Dobash and Dobash, 1974; Martin, 1976; Straus, 1976a, 1977a, b). Some aspects have also been presented earlier in this paper. A summary of the main elements of sexism which lead to wife-beating is presented in boxes 6 and 7 of Figure 1.

Perhaps it is just as well that the combination of space limitations and the availability of previous work on sexism and wife-beating led to only summarizing the argument in Figure 1. Perhaps devoting an inappropriately small part of this paper to one of the most important of the causal factors can serve to dramatize the fact that, important as is sexism in understanding wife-beating, it is only one part of a complex causal matrix. This can be seen from the fact that even though men are dominant, their dominance does not protect them from violence by other men.

If we imagine that true equality between the sexes were somehow to be achieved tomorrow, all forms of family violence (including wife-beating) would still continue to exist--perhaps at a somewhat lower incidence rate--unless steps are taken to also alter the factors identified in boxes 2, 3, 4, and 5 of Figure 1. This means steps to lower the level of _non_-family violence, and steps to end the training in violence that is part of growing up in a typical American family. Violence is truly built into the very fabric of American society, and into the personality, beliefs, values, and into behavioral scripts of most of our population. Elimination of wife-beating depends not only on eliminating sexual inequality, but also on altering the system of violence on which so much of American society depends.

FOOTNOTES

*The materials in this paper will be presented more fully in a forthcoming book VIOLENCE IN THE AMERICAN FAMILY (Straus, Gelles and Steinmetz, 1978). This paper is part of a research program on intrafamily violence supported by grants from the National Institute of Mental Health (MH27557 and MH13050). A program bibliography and description of current projects is obtainable on request.

The paper was presented at the conference on "Battered Wives: Defining the Issues," Center for Research on Women, Stanford University, May 20, 1977; and at the 2nd World Congress, International Society on Family Law, Montreal, June 14, 1977.

*1. Some of the specific steps to accomplish this are outlined in another paper (Straus, 1977b).

*2. This section of the paper is adapted from Gelles and Straus (1978) to which readers are referred for a more comprehensive analysis of theories of violence in the family.

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VIOLENCE IN THE FAMILY: AN ASSESSMENT OF KNOWLEDGE AND RESEARCH NEEDS*/

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VIOLENCE IN THE FAMILY: AN ASSESSMENT OF KNOWLEDGE AND RESEARCH NEEDS*/

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Several streams of social science research provide the theoretical and empirical basis for our approach to describing and understanding physical violence within the family. Most directly related is the work of criminologists on murderer-victim relationship. This work has made clear that more murder victims are members of the same family than any other category of murderer-victim relationship (Curtis, 1974; Palmer, 1972; Wolfgang, 1958). Another major stream of work is represented by those social scientists who have pointed to the existence of a love and hate relationship as characteristic of families and all intimate groups (Coser, 1956; Eibl-Eibesfeldt, 1971; Simmel, 1955), and which has recently come to be a focus of considerable attention (Bach and Wyden, 1968; Charny, 1972). A third stream of work is that of clinicians concerned with the "battered child" syndrome and most recently with "wife beating" (Gil, 1970; Kempe *et al*, 1962).

Despite the existence of these three streams of work, and despite the recent focus on child abuse, it is still customary to think of *physical violence* between family members as being infrequent and, when it does occur, as being the result of some defect or abnormality of the husband, wife, or child using violence. Neither of these views seem to be correct. Leaving aside war and riots, our piecing together of the available evidence suggests that physical aggression occurs between family members more often than it occurs between any others. Moreover the predominant position of the family as a setting for violence probably applies to every form of physical violence from slaps to torture and murder. Some form of physical violence between family members, in fact, is so likely to occur at some point in the life cycle that it can be said to be almost universal. Violence between family members may be at least as typical of family relationships as is love.[1/]

If these statements are correct, violence in families is a phenomenon which affects just about everyone since almost everyone participates in a family, and usually over a considerable length of time and with relatively intense involvement. Thus, merely in terms of the extensiveness of the population exposed, the study of intrafamily violence is of high importance. But the importance of research on violence between family members goes beyond mere numbers since the family is such a crucial element in the lives of most of the population. For children, there is first the risk of physical injury to the point at which medical attention is needed and it can be labeled as "child abuse."

Apart from physical injury, the existence of a high level of physical violence as part of the socialization context probably has major consequences for all levels of personality, including characteristics such as aggression, anxiety, guilt, and authoritarianism (Steinmetz and Straus, 1974 part IV; Becker, 1964; Park, 1970, 1972) and specific attitudes and values such as approval of violence to effect social reform, further national interests, and control criminal behavior (Blumenthal et al., 1972; Gelles and Straus, 1975; Owens and Straus, 1975). Finally, the relationships between husbands, wives, and children are the focus of deep emotional commitment and of expectations for affection and solidarity which are likely to be difficult to achieve if these same relationships are characterized by physical violence. We conclude that both the ubiquity of violence between family members and the importance of the possible consequences of violence in this setting, make it imperative that any overall concern with research on the level of violence in this country focus attention on "violence in the home" as well as on "crime in the streets."

FREQUENCY OF FAMILY VIOLENCE

What is the evidence for suggesting that violence between family members may at least as typical of family relationships as love? In this section we will try to show that although this is a reasonable conclusion from the available evidence, that evidence is far from adequate.

Physical Punishment. We start with this aspect of the use of physcial force within the family because it is probably both the most frequent aspect and also the best researched. But even in the case of physical punishment, the evidence lacks the necessary systematic character, representativeness, and specificity.

Various studies in the USA and England (Blumberg, 1964-1965; Bronfenbrenner, 1958; Erlanger, 1974; Stark and McEvoy, 1970) show that between 84 and 97 percent of all parents use phycisal punishment *at some point* in the child's life. However, even piecing together these studies, it is not possible to arrive at age-specific rates because some studies cover a broad range of ages and do not provide tabulations by age; other studies use approval of punishment rather than actual punishment; and still others are on unrepresentative clinical or other populations, such as parents of university students. In short, there does not seem to be available data for a representative sample of families on the frequency with which children of different ages are actually hit.

The question of age specific rates well illustrates the need for more systematic data on this issue because, contrary to what we expected before our own exploratory research on physical punishment, we found that the rates are unexpectedly high well into adolescence. In three different studies based on reports by university students of events which occurred during their senior year in high school, we found that half of the parents had either used physical punishment or threatened it during that year (Steinmetz, 1971, 1974; Straus, 1971).

Of course, physical punishment is not the same as other violence, primarily because it is normatively approved and because of the presumed altruistic motivation. But it is violence none the less. In certain respects, it has the same consequences as other forms of violence, despite the good intentions. For example, the studies of parents' use of physical punishment show that parents who use physical punishment to control the aggressiveness of their children are probably increasing rather than decreasing the aggressive tendencies of their child (Bandura, 1973; Eron, Walder and Lefkowitz, 1971; Sears, Maccoby and Levin, 1957). In short, there are grounds for believing that violence begets violence, however peaceful and altruistic the motivation. In addition to its possible effects on training children in the use of violence, parental use of physical punishment may also lay the groundwork for carrying this use of force to the point at which it can be considered child abuse.

Child Abuse. Estimates of the incidence of child abuse range from a low of 6,000 cases (Gil, 1970:60) to a high of one million (New York Sunday Times, November 30, 1975). A major problem with these estimates is that they are influenced by a variety of factors which make using or interpreting these data quite difficult. A first problem encountered in compiling or estimating is "What constitutes child abuse?" Gil, for instance, defined child abuse as "intentionally inflicted physical injury by a parent or a caretaker on a child under eighteen years of age." Others, however, include sexual abuse, malnurishment, maltreatmetn, and mental injury as facets of child abuse. Thus, the incidence statistics are variable and often not comparable because of the varied definitions employed.

A second problem, and one familiar to criminologists, is that of using official statistics as bases of establishing measures of true incidence. Gil's estimate of 6,000 cases per year was based on the number of confirmed reports of child abuse from each state. While this work was underway, he also carried out a national sample survey which asked respondents whether they personally knew families involved in incidents of child abuse. Gil extrapolated the results and estiamted that between 250,000 to 400,000 Americans knew about an incident of child abuse which occurred in the previous 12 months. These data suggest that the official statistics on child abuse represent a substantial underreporting of the true incidence of abuse. The official statistics are influenced by individual awareness of child abuse and by social and technological procedures used in case reporting. The rates of child abuse found in official statistics will vary depending on these factors as well as the true rate of child abuse.

A third factor which influences the incidence data on child abuse is that of labeling and gatekeeping. As Gelles, (1975a, 1975b) shows, there is no objective behavior which can automatically be recognized as child abuse. In most instances of physical injury of a child there is no clear cut admission of guilt, nor legally valid evidence. Thus pediatricians, police officers, social workers, and judges call upon their own experience and deductive powers to determine whether an injury is the result of an accident or was intentionally inflicted by a parent or caretaker. Thus child abuse statistics are the product of social labeling rather than a clear, objective property of an act. Consequently, one cannot tell if people of low socioeconomic status are overrepresented in the official statistics on child abuse because they are more likely to abuse their children, because they are more likely to get caught abusing their children, or because they are more likely to be falsely suspected and accused of abusing their children, or some combination of all of these factors.

Murder. Murder is the one aspect of intrafamily violence on which there are reasonably good data. Steinmetz and Straus (1974) suggest that this is because it is a crime which leaves physical evidence that cannot be ignored in the same way that the normative bias of the society caused both laypersons and researchers to ignore other forms of intrafamily violence in the past. A graphic indication of the extent of intrafamily murder can be gleaned from our estimate that each year about as many people are murdered by their relatives in New York City as have been killed in all of the disturbances in Northern Ireland to date. In Atlanta, 31% of the 255 homicides in 1972 were the result of domestic quarrels (*Boston Globe*, 1973:12). The situation in Atlanta is typical of the nation at large and apparently also a number of other societies (Curtis, 1974). For example, the African societies studied by Bohannan (1960:243) similarly range from 22 to 63 percent intrafamily homicides, and the highest rate (67 percent) is for a Danish sample.

Assault. Turning to non-lethal physical violence between husband and wife, one source of data are police reports. Just as relatives are the largest single category of murder victim, so family fights are the largest single category of police calls. One legal researcher (Parnas, 1967:914) estimates that more police calls involve family conflict than do calls for all criminal incidents, including murders, rapes, non-family assaults, robberies and muggings. Twenty-two percent of all police fatalities come from investigating problems between man and wife or parent and child (Parnas, 1967). Aggravated assault between husbands and wives made up 11% of all aggravated assaults in St. Louis (Pittman and Handy, 1964:467), and 52% in Detroit (Boudouris, 1971:668). These figures probably are an underestimate of the percentage of assaults between husbands and wives due to the fact that many police officers attempt to disuade wives from filing assault charges and many wives to do not see an attack by a husband as a case of legal assault. Therefore, one cannot tell from these data on police calls and assault charges just what proportion of all husbands and wives have had physical fights since it takes an unsusual combination of events to have the police called in. Aside from our own work, the closest published estimate is to be found in the studies Levinger (1966) and O'Brien (1971). Both studied applicants for divorce. O'Brien found that 17 percent of his cases spontaneously mentioned overt violent behavior, and Levinger found that 23 percent of the middle class couples and 40 percent of the working class couples gave "physical abuse" as a major complaint.

These figures probably underestimate the amount of physical violence between husbands and wives because there were probably violent incidents which were not mentioned or which were not listed as a main cause of the divorce. Perhaps these figures should be at least doubled. Even then we are far from knowing the extent of husband-wife violence. First, there is a discrepancy between the O'Brien and the Levinger figures. Second, these figures apply to couples who have applied for divorce. It may be that physical violence is less among a cross-section of couples. Or it may be, as we suspect, that the difference is not very great.

The closest thing to data on a cross-section of the population is to be found in a survey conducted for the National Commission on the Causes and Prevention of Violence which deals with what violence people would approve (Stark and McEvoy, 1970). These data show that one of four men in this survey, and one out of six women, would approve of slapping a wife under certain conditions. As for a wife slapping a husband, 26 percent of the men and 19 percent of the women would approve. Of course, some people who approve of slapping will never do it and some who disapprove *will* slap--or worse. Probably the latter group is larger. If so, we know that husband-wife violence at this minimal level occurs in at least one quarter of American families.

Finally, our own pilot studies give some indication of the frequency of violence in the family. The first of these pilot studies (Gelles, 1974) is based on informal depth interviews in 80 families. This revealed that 54 percent of the couples have used physical force on each other at some time. However, since this study is based on a small non-random sample of small town New Hampshire families, the representativeness of this data is unknown.

Generalizations from the second of our exploratory studies are limited by the fact that it is a study of freshmen students at the University of New Hampshire (Straus, 1974a, b). These students responded to a series of questions about conflicts which occured in their families during their senior year in high school, and to further question about how these conflicts were dealt with. Included in the conflict resolution section were questions on whether or not the parties to the disputes had ever hit, pushed, shoved, or threw things at each other in the course of one of the disputes.

The results show that during that one year 62 percent of these high school seniors had used physical force on a brother or sister and 16 percent of their parents had used physical force on each other. These are figures for a single year. The percentage who had ever used violence is probably much greater. How much greater is difficult to estimate. One cannot simply accumulate the 16 percent for one year over the total number of years married because some couples will never have used violence and others will have done so repeatedly. Nevertheless, it seems safe to assume that it will not always be the same 16 percent.

So, it is probably best to fall back on the 54 percent estimate from the 80 depth interviews.

The figures just presented should make clear the basis for our assertion that violence between family members is by far the most common type of violence a typical person is likely to experience. But even accepting the correctness of this assertion, the limitations of the studies on which it is based do not enable us to know how frequently each of the various forms of family violence occurs. Each of the studies has major limitations of one sort or another, for example, divorced couples may well differ from other couples in their use of violence, reports of whether "physical abuse" was one of the reasons for divorce may not adequately describe the extent to which husband-wife violence occurred, university students are not likely to know about all such fights between their parents; and in any case, their parents are probably not representative of the general population, especially the lower socioeconomic status groups. All of these limitations suggest the need for studies which can provide data on a representative sample of the population and which uses techniques that will minimize the problems of measurement which we noted.

NORMS AND MEANINGS

Just as we need to know the extent to which violence acts occur between husbands and wives, parents and children, and brothers and sisters, it is also necessary to know the subjective meaning of intra-family violence, including the normative approval-disapproval dimension. The issue is difficult to deal with because in our judgement, there exists simultaneously norms condemning and also norms which justify violence within the family (Straus, 1973, 1974b). Thus, one level of formal and informal norms is strongly opposed to husbands and wives hitting each other; but at the same time, there seem to be implicit but powerful norms which permit and even encourage such acts. This is illustrated by the case of a husband who, having hit his wife on several occasions, felt that this was wrong, regretted the occasions on which it happened, but nontheless did so again. He explained that he and his wife get so worked up in their arguments that he loses control. Thus, in his perception, it was almost a non-voluntary and certainly a non-normative act. But the marriage counselor in the case brought out the implicit norms which permitted him to hit his wife by asking the husband why he did not stab his wife (Straus, 1973:120). This possibility (and the fact that the husband did not stab the wife despite "losing control") shows that hitting the wife was not simply a reversion to primitive levels of behavior, but in fact was under normative control. We conclude that the implicit, unrecognized, but nonetheless operating norms for this husband enabled him to his his wife, but not to stab her. There is other evidence which tends to support the proposition that a marriage licence is also a hitting licence, including jokes, plays such as those of George Bernard Shaw, one laboratory experiment, and one field experiment (Straus, 1975). However, none of these provides the kind of systematic and broadly representative data which is needed.

In addition to the intrinsic importance of the data on norms and meanings, this data is also necessary to properly make use of the data on overt violent acts. It is a sociological truism that the same overt act can have vastly different antecedents and consequences depending on the actors subjective definition of the situation. In particular, as noted in a previous review paper (Straus, Gelles, and Steinmetz, 1973).

Figure 1 about here

Figure 1. Family Violence Typology*

		LEGITIMACY OF VIOLENCE FOR THE RESPONDENT	
		Low	High
FREQUENCY OF VIOLENT ACTS	High	3. Illegitimately Violent	4. Legitimately Violent
	Low	1. Legitimately Non-Violent	2. Illegitimately Non-Violent

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* There actually needs to be three such classifications for each family since either norms or acts or both can differ between the spousal role, parental role, and sibling role.

the legitimacy of an act is of crucial importance. Researchers using informal case study methods will have no difficulty taking into account the subjective meaning and normative stance of the people they study since this is one of the traditional strengths of informal field methods. However, in the context of quantitative survey research the method for doing so is not immediately obvious. We suggest that such studies use a series of questions to classify respondents in respect to their normative stance. The normative data can then be cross classified with the violent acts data to produce the four types depicted in Figure 1.

CAUSAL THEORIES

Important as it may be to establish the parameters of intrafamily violence in terms of types of frequencies, meanings, and norms concerning violence in the family, the most fundamental task for research is the development and testing of theories which can account for these phenomena. Gelles and Straus have dealt with this issue at length in a forthcoming handbook on theory in family sociology (1977). In this paper the most we can do is to summarize in Figure 2 current work on aggression and violence which seem to have potential applicability to the understanding of intrafamily violence.

Figure 2 about here

The fact that Figure 2 does not include genetically transmitted characteristics of the species or of individuals or the neurobiological make up of specific individuals does not mean that we think these things are unimportant. It is purely a function of this paper being addressed to social science rather than biological science issues. An additional important point to keep in mind in relation to Figure 2 is that it should not be regarded as a list of *alternative* theories, or even as a list of explanatory factors which can someday be added together. Rather as Bandura (1973), van den Berghe (1974), and others emphasize, the basis for a more efficient theory (in the sense of accounting for more than a trivial percentage of the variance in intrafamily violence) is to be found in the research which investigates the *interaction* or contingent effects of each of these types of causal factors in relation to the others.

In view of what has just been said, it should be clear that when we use the term "explains" in Figure 2, it does not mean to imply "fully explains." On the contrary, the causes of violence are located in the complex *interrelation* of all these types of explanatory factors. The entries in this table are therefore stated in a way which emphasizes the complementary nature of the factors.

Figure 2. Summary of the Distinctive Contributions of Selected Theories of Violence (adopted from Gelles and Straus, 1974).

THEORY	CONTRIBUTION
PSYCHO-PATHOLOGY*	There is little evidence that mental illness per se causes violence. Rather than an explanatory theory, violent behavior of the mentally ill must itself be explained in terms of social psychological and socio-cultural factors. For example, the behavior of mentally ill persons varies from society to society, from sector of society to sector, and according to the particular life circumstances of the afflicted person. There does not seem to be anything inherent in mental illness which leads the afflicted person to behave in an aggressive or violent way except insofar as a person who is violent is labeled as mentally ill.
ALCOHOL AND DRUGS	Has the same theoretical status as psychopathology, i.e., the behavior of intoxicated persons reflects social definitions of what one does when drunk or high, and the legitimacy of such behavior. Moreover, these definitions and normative statements very from society to society, from sector to sector of society, according to culture of each society or sector, as do also the rates of alcohol and drug use. However, alcohol use is of great practical importance because of the frequency with which it is associated with violence in our society.
FRUSTRATION-AGGRESSION	Also occupies a theoretical position similar to that of psychopathology because of theory, as generally conceived, does not explain the process by which frustration is linked to aggression, except by positing an innate aggressive drive in response to frustration. However, when viewed as a special case of social learning theory, it explains why the tendency to respond to frustration by aggression is so common. It helps explain family violence because the family is the focus of high personal involvement and of high frustration.
SOCIAL LEARNING	Asserts that human aggression and violence is a learned conduct and specifies the learning process, especially direct experience and observing the behavior of others. Explains both the variation between persons and the variation between situations in the tendency to respond aggressively by reference to prior experience, reinforcement patterns, and cognitive processes.
SELF-ATTITUDE	Asserts that in a society which values violence, persons of low self-esteem may seek to bolster their image in the eyes of others and themselves by carrying out violent acts. Explains the propensity to violence of those for whom society makes it difficult to achieve an adequate level of self-esteem.

CLOCKWORK ORANGE	Asserts that there is an optimum level of stress or tension and that if the life circumstances do not provide this level, aggression and violence will occur as a means of moving toward the optimum level. Explains the "senseless" aggression and violence which can occur in highly integrated, smoothly functioning groups, such as an apparently model family.
SYMBOLIC INTERACTION	Specifies the process by which a self-image and identity of "violent" is formed and by which violent acts acquire individual and socially shared meaning. Explains the origin and maintenance of the structure of meaning which is necessary for all human social behavior, including violence.
EXCHANGE	Asserts that ineraction in marriage is governed by partners seeking to maximize rewards and minimize costs in their exchange relations; that actors expect rewards to be proportional to investments ("distributive justice"); and that costs and rewards are judged in the light of alternatives. Explains the growth of resentment, anger, and hostility when the principle of distributive justice is violated.
FUNCTIONAL	Asserts that violence can be important for maintaining the adaptability of the family to changing circumstances and hence to its survival. Explains why violence persists in human association, including the family.
CULTURAL	Asserts that social values and norms provide meaning and direction to violent acts and thus facilitate or bring about violence in situations specified by these norms and values. Explains why some sectors of society or different societies are more violent than others: essentially that they have cultural rules which legitimize or require violence.
STRUCTURAL	Asserts that social groups differ in respect to their typical level of stress, deprivation, and frustration and in the resources at their disposal to deal with these stresses. Explains why different sectors of society or different families are more vilent than others: essentially that they combine high stress with low resources. Also explains the emergence and maintenance of a culture of violence: essentially that when the circumstances of a group, violence becomes codified in the form of values which justify and norms which specify carrying out the violent acts. (Owens and Straus, 1975).
SYSTEMS	Describes the cybernetic and morphogenic processes which characterize the use of violence in family interaction. Explains the way in which violence is managed and stabilized.

CONFLICT	Asserts that fundamental causal factors which lead to violence are the different "interests" of family members. Explains why there is conflict and violence in one of the most integrated and solidary of human groups.
RESOURCE	Asserts that violence is one of the resources which individuals or collectivities can use to maintain or advance their interests. By pointing to the range of other resources available to aperson or group, it explains the circumstances under which violence is used: essentially when these other resources are not effective.
ATTRIBUTION	Specifies the process used by actors to impute the dispositional state (motivations) of others. Explains how the structure of family relations is such that there is high probability of malevolent intent being attributed to the actions of other family members, thereby setting in motion in escalating cycle of resentment and aggression.

THE SPECIAL CASE OF THE FAMILY

To what extent are the theories of interpersonal violence summarized in Figure 2 suitable for explaining violence between family members? In one sense family violence may be looked at as not essentially different than other forms of violence. From this perspective research on family violence could be conducted so as to verify or develop one or more of the general theories of interpersonal violence. On the other hand, violence in the family may be considered, for a variety of reasons, a special case of violence which requires its own body of theory to explain it. We suggest, that violence between family members is a special enough case to require study in its own right. This is partly because of the extraordinarily high incidence of intrafamily violence, partly because all general theories need to be specified to apply to particular manifestations of the phenomenon they seek to explain, and partly because even though the family shares certain characteristics with other small groups, as a social group and as an institution of society, the family has distincitve characterists. These are likely to be important for understanding why the family is such a violence prone group, social setting, and institution. Space limitations do not permit the detailed presentation we have provided elsewhere (Gelles and Straus, 1977), so we will simply list the characteristics of the family which seem most relevant:

1. Time at Risk. The fact that so many hours per week are spent interacting with other family members is obviously important. However, the ratio of intrafamily violence to violence outside the family far

exceeds the ratio of time within the family to time outside the family. So that this factor may not be as critical as it at first seems.

2. Range of Activities and Interests. Most non-family social interactions are focused on a specific purpose. But the primary group nature of the family makes family interactions cover a vast range of activities. This means that there are more "events" over which a dispute or a failure to meet expectations can occur.

3. Intensity of Involvement. Not only is there a wider range of events over which a dispute or dissatisfaction can occur, but in addition, the degree of injury felt in such instances is likely to be much greater then if the same issue were to arise in relation to someone outside the family. The failure of a work colleague to spell or eat properly may be mildly annoying (or more likely just a subject for derision). But if the bad spelling or table manners are those of one's child or spouse, the pain experienced is often excruciating.

4. Impinging Activities. Many family activities have a "zero sum" aspect. Conflict is structured into such things as whether Bach or Mendelson will be played on the family stereo, whether to go to a movie or bowling, or a line up for use of the bathroom. Less obvious, but equally important is the impinging on one's personal space or self-image brought about by the life style and habits of others in the family, such as those who leave things around versus those who put everything away, or those who eat quickly and those who like leisurely meals.

5. Right to Influence. Membership in a family carries with it an implicit right to influence the behavior of others. Consequently, the

dissatisfaction over undesirable or impinging activities of others is further exacerbated by attempts to change the behavior of the other.

6. Age and Sex Discrepencies. The fact that the family is composed of people of different sexes and age (especially during the child rearing years), coupled with the existence of generational and sex differences in culture and outlook on life, makes the family an arena of culture conflict. This is epitomized in such phases as "battle of the sexes" and "generational conflict."

7. Ascribed Roles. Compounding the problem of age and sex differences is the fact that family statuses and roles are, to a very considerable extent, assigned on the basis of these biological characteristics rather than on the basis of interest and competence. An aspect of this which has traditonally been a focus of contention is socially structured sexual inequality, or in contemporary language, the sexist organization of the family. A sexist structure has especially high conflict potential built in when such a structure exists in the context of a society with equalitarian ideology. But even without such an ideologal inconsistency, the conflict potential is high because it is inevitable that not all husbands have the competence needed to fulfill the culturally prescribed leadership role (Kolb and Straus, 1974; Allen and Straus, 1975).

8. Family Privacy. In many societies the normative, kinship, and household structure insulates the family from both social controls and assistance in coping with intrafamily conflict. This characteristic is most typical of the conjugal family system of urban-industrial societies (Laslett, 1973).

9. Involuntary Membership. Birth relationships are obviously involuntary, and under-age children cannot themselves terminate such relationships. In addition, Sprey (1969) shows that the conjugal relationship also has non-voluntary aspects. There is first the social expectation of marriage as a long term commitment, as expressed in the phrase "untill death do us part." In addition, there are emotional, material, and legal rewards and constraints which frequently make membership in the family group inescapable, socially, physically, or legally. So, when conflicts and dissatisfactions arise, the alternative of resolving them by leaving often does not, in practice, exist--at least in the perception of what is practical or possible.

10. High Level of Stress. Paradoxically, in the light of the previous paragraph, the nuclear family is also an unstable group. This comes about because of a number of circumstances, starting with the general tendency for all diadic relationships to be unstable (Simmel, 1950:118-144). In addition, the nuclear family continuously undergoes major changes in structure as a result of processes inherent in the family life cycle: Events such as the birth of children, maturation of children, aging, and retirement. The crisis like nature of these changes has long been recognized (LeMasters, 1957). All of this, combined with the huge emotional investment which is typical of family relationships, means that the family is likely to be the locus of more, and more serious, stresses than other groups.

11. Normative Approval. Another aspect of the family which is important for understanding why so much violence occurs within that setting is the simple but important fact of de jure and de facto cultural norms legitimizing the use of violence between family members

in situations which would make the use of physical foce a serious moral or legal violation if it occurred between non-family members. This is most obvious in the rights of parents to use physical force. But there is also considerable evidence of deeply rooted, though largely unverbalized, norms which make the marriage licence also a hitting licence (Straus, 1975).

12. Socialization into Violence and its Generalization. It seems likely that an important part of the explanation for the high level of intrafamily violence lies in the fact that the family is the setting in which most people first experience physical violence, and also in the emotional context accompanying this experience. Specifically, we previously noted the near universality of physical punishment. When physical punishment is used, several things can be expected to occur. First, and most obviously, is learning to do or not do whatever the punishment is intended to teach. Less obvious, but equally or more important are two other lessons which are so deeply learned that they become an integral part of the personality and world view. The first of these unintended consequences is the association of love with violence. The child learns that those who love him or her the most are also those who hit and have the right to hit. The second unintended consequence is the lesson that when something is really important, it justifies the use of physical force. Finally, we suggest that these indirect lessons are not confined to providing a model for latter treatment of one's own children. Rather, they become such a fundamental part of the individuals personality and world view that they are generalized to other social relationships, and especially to the relationship which is closest to that of parent and child: that of husband and wife. Therefore, it is suggested that early experiences with physical punishment lay the groundwork for the normative legitimacy of intrafamily violence previously noted and provides

a role model--indeed a specific "script" (Gagnon and Simon, 1973, Huggins and Straus, 1975)--for such actions. In addition, for many children, there is not even the need to generalize this socially scripted pattern of behavior from the parent-child nexus in which it was learned to other family relationships because, if our estimates are correct, millions of children can directly observe and role model physical violence between husbands and wives.

CHILDREN AND WIVES AS VICTIMS

Despite the large amount of work on child abuse and the scattered work on violence between husbands and wives, little attention has been focused on the victims of intrafamilial violence. An examination of the child abuse literature reveals virtually no empirical studies which systematically examine the role of the victim in bringing about incidents of child abuse, nor empirical research on abuse from the point of view of the child. A number of clinicians have speculated about the child's perception of victimization and have commented that these children do not know they have been abused since the child has no basis of comparison to draw such a conclusion. These clinicians suggest that it might be harmful to remove abused children from their homes since the children may feel they have done something wrong which caused their parents to give them up.[2/]

Victimization Rates Although little research has been done on the actions and perceptions of child abuse and spouse abuse victims, there are at least some national statistics on the incidence of victimization. First, there are the analyses of the victim/offender relation in homicide summarized earlier in this paper. Second, is the recent study by Curtis (1974) of cases cleared by the police in 17 cities. Recalculating the figures in his Table 3.1 to exclude the "unknown" category shows that 12 percent of the assaults cleared by the police were between husband and wife, and another 6 percent between other family members. However, husband-wife assaults are vastly under-reported. Even when the police are called in to "family disturbances" formal changes are rare, hence they cannot appear in the statistics for "cases cleared" (Straus, 1975). On the other hand, the Curtis figures tell us something about the relative rates of victimization as between husband and wife among that small fraction of husband-wife assaults which become officially recorded crimes: Wives were the victims almost three times (2.92) more often than husbands. But even this figure is suspect because it is quite possible that ideas of "masculinity" cause husband-victim cases to be even less rarely recorded than wife-victim cases. Some indication that this is the case can be inferred from the fact that when the husband is not physically able to prevent formal charges--as occurs in the case of husband-wife homicide--the husband-victim rate does not differ much from the wife-victim rate.

Victim Perspectives. One study which examined the actions and perceptions of victims (Gelles, 1974) is based on interviews with 80 families. As in the case of homicide, this revealed that victims often precipitate their fate through the use of verbal aggression. Gelles concluded that wives often are accutely aware of their husbands' points of vulnerability and also tend to possess superior verbal skills compared to their husbands. This combination of factors can lead to the physical victimization of the wife.

In another paper, Gelles analyzed why women remain with their abusive spouses (1975). Interviews with abused women who remained with violent spouses, and with women who sought outside intervention, indicated that three major factors influenced the actions of victimized wives. First, the less severe and less frequent the violence, the more likely a wife was to remain with her husband. Second, the more a wife was struck as a child by her parents, the more likely she was to remain with her abusive spouse. Third, the fewer "resources" (such as education or paid employment) a wife had and the lower her power, the more likely she was to stay with her husband. It also seems likely that factors such as the level of conjugal violence in the community, the wife's subjective meaning of violence, and external constraint imposed by others present in the house, influence the actions of abused wives (Gelles, 1976).

Social Definitions and Victimization Research. The inability to ascertain true measures of victimization of children and wives at the hands of other family members, and the almost complete lack of attention paid to these victims by researchers raises the question of why abused wives and children are the missing persons of official victimization statistics and the scholarly literature on violence and aggression. The tentative answer that we offer to this question is that there has been "selective inattion" (Dexter, 1958) to women and children as victims of intrafamily violence as a result of the conceptual models used in approaching child and wife abuse, and also due to legal traditions concerning specific acts of family violence.

The traditional conceptual model which has been applied in examining women and children who are abused by family members is the "medical model" and/or the "head in the sand" model. Most of the attention originally directed towards child victims of parental violence was from the medical profession. The medical profession created the image of child abuse as a "syndrome" or pathology (see for example Kempe et. al., 1962 on the "battered child syndrome"). The medical model classifies child abuse as a psychopathology. The consequences of this classification is that the abuse of children is viewed as though caused by some germ or disease and the abuser rather than the child becomses the only patient. Thus, almost everything written on child abuse discusses how to "cure" the abuser, while little if any attention is paid to the child victim. Wife abuse is also conceptualized as some kind of pathology--the offender is seen as suffering from a psychiatric disorder (Snell, Rosenwald, and Robey, 1964) and the victim often is seen as a sado-masochist who actually enjoys being beaten.

Before the interest in child abuse in the 1960's and still predominant in relation to spouse abuse, is the conceptual model which we called the "head in the sand" approach. We suggest that this approach to children and women as victims of family violence occurs because violence exploded the cultural vision of the family as loving tranquil and peaceful (Steinmetz and Straus, 1974). Consequently, a persistent view has been that child abuse and wife abuse are really rare and abnormal events. If our view of these phenomena as being the statistical norm--even if not the cultural norm--is correct, then accurate data on the incidence data of family violence is needed to bring about an awareness of the magnitude of this problem.

Wives as Victims and the Law. The lack of information and statistics concering wives as victims of intrafamily violence may, in large part, be due to the de jure and de facto outlook of the law towards cases of husband-wife violence. The legal view of the family as a semi-scared institution results in precidents and legal processes which first serve to deny or make difficult a woman's ability to press charges against her husband and second, leads many women to feel that they are not victims of any crime. For instance, the California Penal Code states that a wife must be more injured that commonly allowed for battery before charges can be pressed against her husband (Calvert, 1974:89). Many jurisdictions still follow the rule of "spousal immunity" which prevents a wife from suing her husband for assault and battery (Straus, 1975:7; Truninger, 1971:269). In the case of violent sexual assault, wives are also denied the right to bring legal actions against their husbands (Gallen, 1967:6; Straus, 1975).

Even when the law allows women to take legal action against a violent spouse, the process of the law makes such action difficult. Some police departments practice a "stitch rule" where a wound must require a certain number of sutures before an officer will make an arrest (Field and Field, 1973:229). Prosecutors are often reluctant to pursue cases of conjugal assault, and wives who bring charges against their husbands are often "cooled out" at every step by legal officials (Straus, 1975:9). The impact of a legal system which officially accepts violence and rape between "consenting adults" contributes to the general acceptance of family violence found in the society and to victims of conjugal violence believing that they are not victims of a crime (Biderman, 1975). As a result, violence by husbands towards wives typically does not come under a criminological framework either in the law or in the eyes of the victims.

Women, Children, and the Criminal Justice Framework. We have suggested that there is a need for research focusing on the victim's point of view and actions. It seems likely that such a focus would have the effect of moving the study of wife abuse and child abuse away from a medical model toward a criminal justice perspective.

It is difficult to estimate or evaluate what the effect would be of bringing intrafamily assualts which do not result in a treatable injury within the framework of the criminal justice system. From a civil-liberties point of view such a change could be seen as expanding the legal rights and protection of the family's least powerful members. At the moment, if the victims of violence do not require medical attention and are women or children, they have few legal rights. As noted in a previous section, because of legal, social, and material constraints, it is difficult for children and wives to leave the family. Without the ability to seek legal redress these less powerful members of society either have to learn to live with victimization or else make major sacrifices in order to avoid continued violence. However, if women and children are put on a equal status with other victims of interpersonal violence, and if our estimates of the incidence of family violence are correct, than the already overloaded criminal justice system might find itself further overrun with family violence cases. The system as now organized would, in all likelihood, be overwhelmed by the demand for intervention and legal redress from family members. In addition, in a period when the entire criminal justice system is being challenged (see for example Taylor, Walton and Young, 1973), the consequences of such a move will be hotly disputed.

In a country in which a third of a million persons are already incarcerated, and in the light of overwhelming evidence of the ineffectiveness of imprisonment as a means of rehabilitation, the prospect of adding to the total number imprisoned is not taken lightly. Even short of imprisonment, the creation of de facto new category of crime and the stigmitization of perhaps hundreds of thousands with such a label is also not to be taken lightly. Finally, one must consider the consequences of bringing family violence under a criminal justice framework for the institution of the family. While women and children's rights would be expanded under a change of legal status of child abuse and wife abuse, families would be subject to further intervention and perhaps interference by the state, police, and courts, and perhaps in ways that would be contrary to the hopes of the children's rights, women's rights, and civil liberties movements. An example is what happened after child abuse became a national priority issue. One of the first legal actions was to write and rewrite state laws pertaining to physical abuse. In the 1970's, many child abuse laws were modified to include child neglect and mental injury. Although the precise results of such legal changes are still emerging, we are becoming aware of instances in which these laws have been used as more general vehicles of social control. In a case in Alabama, a woman's 3 year old child was removed without a court hearing. The Alabama law defined child abuse as including conditions where the surroundings were unfit for a child to live in. The child was removed from it's mother because the mother was unmarried and living with a black man (Child Protection Report, October 23, 1975).

While a conceptualization of intrafamily violence from the perspective of criminal victimization would uncover valuable and important information about family violence, there are paradoxical and important problems which might be created by bringing intrafamily violence under a criminal justice framework. The pragmatic value of altering the typical perspective on women and child victims is difficult to accurately assess. But despite the problems and the uncertainty of the outcome, the need for legal protection of what we consider the largest single class of criminal victims in the Unites States, namely wives and children, is so great that at least some steps toward such greater legal protection should be explored.

SPECIFIC CONTROVERSIES IN NEED OF RESEARCH

Partly because so little empirical research has been done, and partly because analysis of the human family (and particularly violence in family relationships) involves deeply held values and widely contrasting scientific fields and theoretical commitments, almost everything about violence in the family is controversial. Thus, everything which has been stated up to this point in the paper and in our previous writings on intra-family violence is likely to be strongly disputed. Out of this almost limitless number of controversial issues, we have singled out seventeen. Because of space limitations, some will be merely mentioned with a sentence or two. In general, the method will be to assert a proposition and then indicate what is controversial about it.

The Family is Preeminent in all Types of Violence. Our critique of the evidence in the section on the frequency of family violence makes it clear that this statement is far from well established. In respect to physical punishment although the high frequency is not in doubt, many would dispute the accuracy of calling this "violence." It can be argued that there is a need to distinguish between "force" as the legitimate use of physical control and "violence" as the illegitimate or unsanctioned use of physical control.[3/] If we choose to define physical punishment as non-violence, then a primary basis for the view of the family as an institution in which violence is nearly universal falls by the wayside.

Families Today are Less (or more) Violent than in the 19th Century. The available evidence suggests that parents use physical punishment less frequently now (Bronfenbrenner, 1958 ; Miller and Swanson, 1958). However, there is no reliable evidence on fighting between siblings or between spouses. On the one hand, the change from the harsh conditions of life characteristic of agricultural and early industrial society to the physically less stressful conditions of an affluent industrial society, the changes in the legal status of women, and the growth of family advice literature stressing the importance of love and respect in family relationships would all suggest a reduction in these aspects of intra-family violence. On the other hand, a modern industrial society is widely felt to pose greater social and psychological stresses and to promote feelings of alienation and frustration than was true earlier--all of which can spur higher levels of violence. In addition, the extreme intimacy and closeness of the modern nuclear family, with its pressures for conformity may create greater stress and frustration within the family, which ultimately lead to physical violence.

It may be possible to use police and court records of family disturbance cases to get at least some leverage on this issue, as has been done in historical studies of mental illness rates (Eaton, 1955). However, differences in intervention and arrest practices and differences in the kind of offences thought serious enough to bring to trial may invalidate comparisons over time. Another possible approach is through the content analysis of popular literature, both fiction (Gecas, 1972) and non-fiction (Straus and Houghton, 1960).

One such content analysis (Huggins and Straus, 1975) found no secular trend in the level of intrafamily violence in children's books over the period 1850-1970. However, that study found that the number of violent acts per page increased sharply during each major war in which the United States was involved.

Violence does not occur in "Normal" Families. From this viewpoint, only disorganized and pathological families engage in physical violence, i.e. families with problems such as unemployment, poverty, divorce or desertion, minority status, etc. If our estimates of the frequency of intra-family violence are correct, either this assertion must be wrong or the majority of American families are abnormal. Of course, if one follows the practice followed in studies of child abuse and takes as an indication of abnormality the fact that a husband has hit his wife or visa versa, then the statement is obviously correct but we think also circular and of little value in furthering understanding of family violence. Despite our skepticism on this point, the available evidence does suggest that family disorganization is associated with violence, especially husband-wife violence. It remains to be determined empirically just how close this relationship is.

Family Members who use Violence are Mentally Ill or Excessively Aggressive. As far as we can determine, the basis for such a view is the type of circular reasoning described above. What little empirical evidence there is comes from studies of child abuse. Examination of these studies by Gelles (1973), and Gil (1971: 642) suggests that "...in most incidents of child abuse the caretakers involved are 'normal' individuals exercising their perrogative of disciplining a child whose behavior they find in need of correction." We know of no empirical study of the mental health or personality of husbands and wives who use force on each other but we would guess that the results would be similar. The research on homicide (of which spouse murder is the largest single category) shows no larger incidence of mental illness than in the population at large. However, at least a plausable case can be made for the idea that spouses who use physical force tend to be aggressive personality types. This is a question which can be settled through a relatively straightforward research design. Such is not the case with the controversy over the role of alcohol in causing family violence which is discussed below.

Alcohol use Causes Family Violence. There is reasonably good evidence that alcohol is associated with violence in the family. But what is not clear is whether people act violently because they are drunk or whether they get drunk in order to have implicit social permission to act violently. Empirical research on this issue will be extremely difficult because the actors themselves are committed to a definition of the situation in which violent acts are attributed to temporary loss of control due to alcohol.

The Lower the Socio-Economic Status of the Family, the More Violence.[4/] The evidence in support of such a proposition is mixed. In relation to the use of physical punishment, this does seem to be a correlation, but it is low (Erlanger, 1974). In relation to husband-wife violence, there apparently are no studies based on representative samples. Official statistics on assault, of which a substantial proportion are between spouses, show higher rates in the poorest areas of a city. However, officially recorded rates are by no means the same as incidence rates, as had been clearly shown in studies of juvenile offences (Nye, Short and Olson, 1958). The apparent class difference could be entirely a function of differences in public visibility and differences in willingness to call in the police to deal with family disputes.

Class differences can also be a function of the willingness of agents of social control to label or classify certain behaviors as deviant. Gelles (1975) has argued that this is particularly likely since what is called "child abuse" is the result of a social labeling process.

We know of three studies based on direct interview data, but none provides a firm basis for generalization. Levinger's study of families seeking divorce found a 40% rate for "physical abuse" in the working class compared to 23% among his middle class respondents. But these differences could come about because middle class couples, with their greater financial resources and lower fear of the legal system, might seek divorce before the conflict escalates to the point of physical violence. Komarovsky's study of 58 "blue collar" families (1964) finds a sharply higher rate of physical violence among the lower educated half of her sample, but there is no way of telling how this compares with middle class families. Gelles study of 80 New Hampshire families also found that violence is greatest among the lowest education and occupation husbands. For the wives, no matter what the SES measure, there was a sharp upturn in violence among the highest group. The latter seems to be a family-structural effect rather than an SES effect, i.e., it may reflect role strain over inconsistency with the socially prescribed subordinate position of the wife.

Finally, there is the survey conducted for the National Commission on the causes and prevention of violence. This study found about one out of five respondents approved of slapping a spouse under certain conditions. There were no social class differences of any magnitude. However, although this study is based on a representative nation-wide survey, it refers to attitudes rather than acts and it is well known that the correlation between attitudes and behavior is low (Wicker, 1969).

Husbands and Fathers are more Violent than Wives and Mothers. If we compare the sexes in terms of violence in the parental role, the evidence is clear that women are more violent than men. They outnumber men as child abusers (Gelles, 1973) and within the normal range are more often the parent who administers almost all types of physical punishment (Gelles, 1974). It is also noteworthy that from Greek and Roman times on, it was women who were responsible for the often high rate if infanticide (Radbill, 1974).

In the spouse role, the situation is less clear. Straus' study of 385 couples (1974a) shows little difference in the frequency with which husbands and wives used violence. However, that study shows women to be more frequent users of physical aids in their assaults, i.e. throwing things, hitting with an object, etc. We take this as indicating that women are no less predisposed to violence than are men. To the extent that other studies show husbands to more often hit their wives than the reverse, we suggest it is only because women are on the average weaker than their husbands and hence have more to loose by such acts.

Gelles' study of 80 New Hampshire families found that husbands somewhat exceeded wives in the frequency of ever having used violence on the spouse (47% versus 33%). However, regular use of violence was much more often by the husbands (25% versus 11%) and husbands tended to use a much wider variety of modes of attack because the wives avoided modes which required superior physical strength such as punching and choking. Instead, they tended to slap, throw things, hit with an object, or stab. It should be noted that although Gelles obtained data on both husbands and wifes, his respondents were disproportionately female and this might have unfluenced the findings.

Sexual Equality and New Family Forms will Reduce Violence. A great deal of the physical violence between husband and wife is related to conflicts over power in the family (Allen and Straus, 1975; Straus, 1973b), and specifically to attempts by men to maintain their superior power position. One might therefore expect that as families become more equalitarian, violence between husband and wife will decrease. However, this will be the case only to the extent that men voluntarily give up their priviledges. To the extent that sexual equality comes about by women demanding equal rights, the movement toward equality could well see a temporary increase in violence rather than a decrease (Kolb and Straus, 1974). Aside from struggles over changing the rules of the marriage game, there is nothing inherent in an equal relationship which precludes conflict and violence over substantive issues. In fact, in the past, to the extent that women accepted a subordinate position, much overt conflict may have been avoided by not contesting the husband's view of an issue.

As the boundaries between the sexes diminish, there might also be other reasons for an increase in family violence. Under the present sex role definitions, women are expected to be less aggressive and violent than men. This aspect of sex role stereotyping is already changing to a limited degree. For example, the crime rates for women have begun to converge on those for men, especially for violent crime (Simon, 1975); there was a television show with an aggressive James Bond type of woman "hero" (Mod Squad), and a movie "Super Chick." Huggins and Straus' study of children's book from 1850 to 1970 found an increase in the proportion of aggressive acts initiated by women, especially in the most recent years.

Turning to radical changes in the structure of the family, there is a widespread belief that such "alternative family forms" will be less violent.

In part, this belief is based on the view that, in rejecting the "middle class family" there will be a movement away from middle class striving and aggressiveness. In part it is based on the idea that a larger social group will provide more outlets and alternatives and less frustrations. But on both theoretical grounds as well as the meager empirical evidence which is now available, the opposite might well be the case. The alternative "multilateral" family forms may provide more opportunities for sexual and other jealousy, even though they are set up with the opposite intent. To the extent that such families constitute large households, they will require more rigid rules than a nuclear family in order to accomplish the ordinary physical maintainance activities. In addition, many such groups seem to be imbedded with an agrarian romantic ideology glorifying a sharp division of labor between men and women. Finally, several studies show that the larger the size (whether measured by number of children or by comparing nuclear with joint households), the greater the use of physical punishment (Straus, 1976).

Materialism and Striving are Associated with Violence. The alienation generated by modern mass society has led many to reject not only the mass society, but the types of achievement orientation and striving behavior which are assumed to have produced modern technological societies. All of the ills of the society, including violence, tend to be attributed to the excessive achievement striving. However, it would be difficult to document a case showing that the high level of violence and the many other grave problems of contemporary American society, would be alleviated if Americans became less achievement oriented. Rather we think that the solution to these problems must be found in changes in social organization rather than changes in the typical personality structure.

Although these are broad socio-historical questions on which there may never be a conclusive answer, we can at least investigate certain aspects, and some limited studies have already been carried out. For example, Miller and Swanson's historical survey and, to a certain extent their contemporary data, show that entrepreneurially oriented parents tend to train their children in the "school of hard knocks" (Miller and Swanson, 1958). On the other hand, the studies of Kohn (1969) show that middle class parents (who presumably best represent the striving ethic) are less punitive than are working class parents. There is also evidence from the longitudinal study of Eron and his colleagues (1973) showing that high achievement orientation is associated with *low* levels of aggression, and Straus' study of the fathers and mothers of 550 college students finds the same negative relationship.

Despite these findings, there could well be a relationship between a high level of achievement orientation in a society and violence. This could come about because, although almost everyone can internalize the *desire* for high accomplishment, not everyone can actually satisfy such desires. A generation ago Merton called our attention to the deviance-producing potential of such a discrepency between culturally prescribed ends and the means actually available to reach such ends (Merton, 1938). Within the family, empirical studies such as those of O'Brien (1971) and the theoretical analysis of Goode (1971) suggest that violence is likely to occur when a husband lacks the occupational and economic accomplishments which he and his spouse expect husbands to attain. Allen and Straus (1975) tested this hypothesis and found strong support, but only among working class families.

Violence in the Family has Positive Functions. Most people's view of the good society is one with a minimum or zero level of violence--in the family or elsewhere. But conflict theorists such as Coser (1966) point out that conflict, sometimes violent conflict, is a fundamental and often constructive part of social organization. It is a primary engine for social change and development and for the underdog to gain greater rights. Thus, non-violence is only one of the characteristics of a good society; another is that it must be open to change and to correcting inequities. There are occasions in which the value of non-violence and the value of equity and openness to change conflict. It is in these situations that violence can have important positive contributions to human welfare.

Of the three positive contributions of violence discussed by Coser, two seem to apply to the family. These are "violence as a danger signal" and "violence as a catalyst". Thus, within the family, violent acts by a member can serve as a means of communication when other modes of communication fail to signal that there are serious problems; and violent acts can be a catalyst in bringing about need changes when all else fails. In principle there should never be a situation in which all else fails. But conflict theorists argue that such situations do exist because alternative modes of resolving conflicts and inequities are either unknown to the persons involved, unavailable to them, or unavailable until some violent act serves as a catalyst to bring non-violent methods into operation. Therefore, unless we are prepared to live with inequity and injustice, and in a static society, it is almost inevitable that violence will remain a part of human social organization, including the family.

We have stated the case for the conflict theory of the positive functions of violence in strong terms as possible, perhaps in part to compensate for our own misgivings about the validity of these propositions. At the minimum we feel that, rather than accept the inevitability of violence in family relationships, we sould focus research on the development of modes of social relationshi and institutional patterns which will make violence unnecessary to achieve equity, freedom and openness to change. Realism, however, compels us to fear that a truly non-violent society will be long time in the making. The conflict theorists may even be correct in their view that it is impossible except in a

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static society. At the same time, "realism" has its dangers. It can be a self-fulfilling prophecy or a subtle defense of the status quo--in this case of the present high level of violence between family members.

Other Controversies. Although it has taken a number of pages to describe ten controversial propositions about violence in the family, this is only the beginning of what should be a much longer set. However, because of space limitations, we will conclude with a simple listing of a few of the other controversial propositions which, if space permitted, we would discuss at least briefly:

1. The sex drive is biologically linked to aggressiveness and violence versus the view that the historical association between sex and violence is a product of certain features of human culture and social organization. This issue is discussed as "the sex myth" in Straus and Steinmetz (1974), see also Gelles (1975).

2. Excessive restraints on "normal" aggression and violence lead to even greater stresses and outbursts of truly destructive violence. This issue is discussed as "the catharsis myth" in Steinmetz and Straus (1973, 1974). Another aspect is the idea that verbal conflict and violence are a substitute for physical violence: permitting one tends to avoid the other (Bach and Wyden, 1968). Contrary to this widely accepted theory, Straus' analysis (1974a) of data for a large sample of couples shows that high levels of verbal aggression are associated with high levels of physical aggression. However, the issue is far from settled, in part because the Straus data is cross sectional.

3. Violence in the family reflects the prevalence of violence in the society at large; both a national "culture of violence" and a more intense form of this in certain subcultures (Wolfgang and Ferracuti, 1967). It should follow that societies having low levels of violence outside the family, also have low levels of intra-family violence.

4. Any use of physical punishment has enough undesirable consequences to make it essential that physical punishment be completely eliminated as a child management technique. Among the undesirable consequences are the powerful role model it provides in the use of violence. This, in combination with the frustrations and anger produced by physical punishment,help to produce the next generation of violent people.

5. It follows from the above that violence in the family is one of the factors which helps produce a violent society in general; one in which not only are all forms of interpersonal violence common, but which also has a high propensity to use violence in national and international politics (Gelles and Straus, 1975; Owens and Straus, 1975).

6. Physical punishment is one of the factors leading to child abuse, if not in any one family, then in the society as a whole (Gil, 1970).

SUMMARY AND CONCLUSIONS

The paper summarizes some of what is known about the frequency and causes of intrafamily violence--especially violence between husbands and wives--with an emphasis on needed research. Bearing in mind the limitations of the available evidence, it seems likely that the family is the social relationship and social setting within which the typical citizen is mostly likely to be the victim of a physical attack. Therefore, criminologists concerned with violence must focus attention on "violence in the home" as well as "violence in the streets."

Two aspects of intrafamily violence which have started to receive such attention are "child abuse" and "wife beating." However, these have largely been studied within a "medical model." We believe that much is to be gained by examining these and other aspects of family violence from the viewpoint of socially patterned victimization.

The discussion of research priorities started with the need to establish the frequency of each type of violence between family member. With the possible exception of intrafamily homicides, our review revealed not a single instance of such estimates being based on representative samples studied by unbiased methods. Following this, the importance of including data on subjective meanings and social norms was stressed because the same overt act of violence can have a vastly different set of causes and consequences depending on its personal and social definition. This was followed by a section outlining general theories of interpersonal violence which need to be tested in relation to the specific issue of intrafamily violence. As a basis for such a theoretical examination we identified a series of characteristics which distinguish the family from other small groups and which seem to account for the higher level of intrafamily violence than is found in other groups. These suggest the importance of investigating violence in the family per se, rather than depending entirely on the results of studies of violence in other social relationships. Finally, the paper identifies a series of 17 specific controversies concerning the nature and causes of intrafamily violence which urgently call for research. We conclude that:

1. Violence in the family is a unique and important enough phenomenon to merit intensive research by criminologists. Such research is likely to yield both theoretical pay-off concerning all aspects of violence, both within and outside the family.

2. The present state of theoretical knowledge concerning the cause of intra-family violence offers a rich but confusing variety. Both intensive empirical research and careful theoretical synthesis are urgently needed to bring order to this array.

3. Although there are important methodological difficulties which stand in the way of the needed empirical research, none are insurmountable. The studies reviewed show that all of the standard methods of sociological research can be used. These methods include participant observation, informal and structured interviews, projective techniques and indirect interviewing, content analysis, and laboratory experimentation. Each of these techniques has its own set of limitations and advantages. But out of the triangulation which will be possible from such a multi-method approach, we are confident that a valid set of empirical propositons can be constructed.

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FOOTNOTES

*Paper read at the meeting of the American Association for the Advancement of Science, Boston, February, 23, 1976. This paper is part of a research program on intrafamily violence supported by grants from the National Institutes of Mental Health (currently MH13050 and MH27557). A program bibliography giving references to the two books and approximately 20 papers which have so far appeared is available on request.

1. The concepts of aggression and violence are the focus of considerable controversy and definitional confusion. It is beyond the scope of this paper to attempt to resolve even part of this confusion (but see Gelles and Straus, 1977). However, we can at least make clear the sense in which we are using these terms:

Aggression. An act carried out with the intent of, or which is perceived as being with the intent of, injuring another person. The injury may be of many kinds, including psychological, material deprivation, or physical injury. It can range from minor noxious acts such as a disparaging look to murder.

There are many other dimensions which must be considered and specified in addition to the dimensions of "motivation," "attribution," "type of injury," and "seriousness of injury" just mentioned. Much of the confusion and seemingly contradictory findings in aggression research probably occurs because these dimensions are not specified. Among these other dimensions are the degree of normative legitimacy, and the extent to which the aggression is "instrumental" to some other purpose, versus "expressive," i.e., carried out as an end in itself.

Violence. An act carried out with the intent of, or which is perceived as being with the intent of, physically injuring another person. A more specific and less value laden term is "physical aggression."

2. Presentation given by Dr. James Kent, Children's Hospital, Los Angeles, to the Harvard University Interfaculty Seminar on Child Abuse, 1974.

3. See the discussion of "Whose Norms" in Gelles and Straus (1976) for some of the practical difficulties in the way of such a distinction.

4. See Steinmetz and Straus, 1973, 1974 for a more extensive analysis of this issue. The same applies to certain of the other controversies which are only briefly discussed in this paper.

TREATMENT ALTERNATIVES FOR BATTERED WOMEN

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"TREATMENT ALTERNATIVES FOR BATTERED WOMEN"

Lenore E. Walker

Identification of Battered Women

Image of the Battered Woman. The battered woman is usually pictured as a small, fragile, haggard woman who might once have been pretty. Bruises, broken bones, a painful look of fear are evidence of her batterings. Because of her reluctance to change her situation, it is assumed she enjoys being hurt. It is believed that she provokes her own injuries. Friends and professionals become angry with her for not allowing them to help her. They label her masochistic, mentally sick, a martyr, or just plain stupid. Before long they begin to believe her lament that there are no alternatives for battered women and withdraw their support.

Research to Date. Two years of research has demonstrated that these images and assumptions about battered women are not true (Walker, 1976,1977). Nonetheless, battering behavior has been concealed for so long that there are many other images and assumptions that must be destroyed before researchers can learn who battered women really are and establish effective alternatives. Until recently, talking about such assault, reporting it to the police, and conducting research on abused women has been taboo, despite the fact the history of wife abuse is ancient. Brownmiller (1975) provides a description of the trade offs women historically have made in order to obtain economic and physical security. To protect themselves against the threat of violence from many men, women gave up their freedom and mated with one man. Martin (1976) traces the effect of these compromises upon society's institutions which have allowed violence to exist between the bonded couple. Today, however, women are no longer willing to be treated as man's property. Women are insisting that the previously concealed crime of battering be brought out from the privacy of the home for study and action.

Numbers of Battered Women. As the high incidence of battering is publicized, more and more women are admitting to being battered. Estimates of battered women soar upwards to one woman out of two. The Federal Bureau of Investigation estimates that over 50% of all murders of women are committed by men with whom they have intimate relationships. Informal reports indicate that a high proportion of women who kill their men previously suffered from battering. The Denver women who participated in this author's research (Walker, 1976, 1977, In Preparation) indicated that fewer than 10% ever reported serious violence to the police. These women reported being too ashamed or scared to call for help directly. If they did seek assistance, it was usually under some other pretense which typically went unrecognized as an indirect call for help. This lack of response reinforced the women's belief that alternatives were not available to them, and they retreated further into isolation. Most of these women said that they were on the verge of asking for direct help and would have admitted to being battered if the helper had asked them. Infact, in one hospital emergency room where the nurses were trained to ask about battering in suspicious cases, the women did admit to being battered. The exact number of battered women is thus not known, but indications are that the number is considerable.

Defining Battering. Defining battering also has caused confusion in identifying battered women. Many researchers have used physical violence which results in bodily injury as a primary definition. Straus (1976) supports the use of this admittedly narrow definition because of the ease with which such abuse can be documented. Physical violence also has been the accepted standard for research in the area of child abuse. Gelles (1974) added the criteria of police contact when he selected 80 families for his in-depth study of family violence. Early reports of women who sought safety in the refuges for battered women in England gave further credence to the assumption that battering meant physical abuse (Gayford, 1974; Select Committee Report, 1975). As more refuges were established in England, however, it become obvious that large numbers of women were seeking safety from psychological abuse, which was equally if not more detrimental to their lives than the physical abuse. In this author's pilot research (Walker, 1976), both physical and psychological coerciveness were examined. It was found that both forms of violence exist between assaultive couples, and they cannot be separated, despite the difficulty in documentation. Further data has confirmed this finding and underscored the need to develop the necessary measurement techniques. It is relatively easy to count black eyes and broken bones and assign a severity rating according to medical standards. To measure psychological abusiveness, the severity must be estimated from both the frequency and the subjective impact on the woman. For example, one women described life threatening physical assaults which occurred during acute battering incidents, one of which resulted in broken vertebrae in her neck. She was in physical pain for months following this beating. However, when she was asked to describe the most painful battering incident, she said that it was when her husband commanded her to get on her hands and knees and make sounds like an animal. This psychological degredation was far more humiliating and painful than the physical abuse she suffered. Battered women repeatedly cite psychological humiliation and isolation as their worst battering experiences, whether or not they have ever been physically abused. Furthermore, the threat of physical violence was always present for these women. They all stated they believed their batterer was capable of killing them.

Using this expanded definition of battering behavior as both physical and psychological, the here-to-fore invisible battered woman becomes more identifyable. The stereotype of a physically abused woman living in a poverty environment probably accounts for only about 20% of all battered women. This group of battered women traditionally has been the most visible, as they must depend upon society's institutions to help meet their basic survival needs. The overt and frequent violence in their environment usually brings them to the attention of the police and criminal justice system. Only now are we beginning to realize that battering behavior in perhaps 80% of the cases has gone unrecognized because the violence occurs in more priviledged environments. Battered women come from all walks of life. Social class, family income, level of education, occupation, ethnic or racial background do not make a difference. Professional men batter their women as do unemployed and unskilled laborers. Highly successful business and professional women are battered as well as those with no job skills. The common trait among battered women is their low self esteem, a common result of any kind of repeated victimization. For some, their sense of powerlessness exists only in their relationships with men; for others, it permeates their entire existence.

The Batterer. The man who batters is typically described as having a dual personality. He is seen either as very charming or as exceptionally cruel. He is both selfish and generous depending upon his whimsical moods. Although he sometimes uses alcohol or drugs to excess, his battering behavior is described as independent of whether or not he is drunk. He is described as extraordinarily possessive and extremely jealous. Probably his greatest fear is that his woman will leave him. Despite these characteristics, most men who batter would not be recognized as batterers unless they actually were observed physically abusing women. The small bits of psychological coersion which can be a predictor of further violence occur so frequently in interpersonal relationships that they usually are discounted until a major event erupts.

In summary, the battered woman, a concealed misunderstood victim until only recently, is beginning to receive attention. It is becoming evident that battered women come from all walks of life, not only the stereotyped low-income environment. Estimates of the numbers of battered women are not yet very exact, but indications are that they are considerable. Finally, the definition of battering must include psychological as well as physical abuse.

Cycle Theory of Battering Incidents

Preliminary data obtained on battered women indicate the existence of a cycle of battering behavior. Rather than constant or random occurences of battering, there is a definite cycle which is repeated over a period of time. This cycle appears to have three distinct phases which vary in time and intensity both within the same couple and between different douples. The three phases are: the tension building phase, the explosion or acute battering incident, and the calm, loving respite. So far it has proven difficult to discern how long a couple will remain in any one phase. Predicting the length of one complete cycle also is not yet possible. There is evidence that situational events can influence the timing. Relationships that have lasted 20 or more years indicate several different cycle patterns corresponding to different stages of life. There is also evidence that some interventions are more successful if they occur at one phase rather than another. The available data is still too limited to make any conclusions, but trends suggest the desirability of further investigation.

Phase One

The first phase of the cycle is the tension building phase. During this time minor battering incidents occur. The incidents may be handled in a variety of ways. The woman usually, attempts to calm down the batterer through the use of techniques that have had previous success. She may become nurturing, compliant, and anticipate his every whim; or, she may stay out of his way. She lets the batterer know she accepts his abusiveness as legitimately directed towards her. She believes that what she does will prevent his anger from escalating. If she does her job well, then the incident will be over, if he explodes, then she assumes the guilt. In order for her to maintain this role, the battered woman must not permit herself to get angry with the batterer. She denies her anger at unjustly being psychologically or physically hurt. She reasons that perhaps she did deserve the abuse and often identifies with her aggressor's faulty reasoning. When he throws the dinner she prepared for him across the kitchen floor, she reasons that maybe she did overcook it, accidently. As she cleans up his mess, she may think that he was a bit extreme in his reaction, but she is usually so grateful that it was a relatively minor incident that she resolves not to be angry with him. She also may blame a particular situation for the man's outburst. Perhaps he had trouble at work or was drinking too much and did not know what he was doing. If she waits it out, she reasons, the situation will change and bring an improvement in his behavior towards her. This reasoning unfortunately does not bring an improvement, only a postponement of the second phase of the cycle, which is the acute battering incident.

Women who have been battered over a period of time know that these minor battering incidents will get worse. However, to help themselves cope, they deny this knowledge. They also deny their terror of the inevitable second phase by believing they have some control over the batterer's behavior. During the initial stages of this first phase, they indeed do have some limited control. As the tension builds, they rapidly loose this control. Each time a minor battering incident occurs, there are residual effects. The battered woman's anger steadily increases, even though she may not recognize it. The batterer, spurred on by the apparently passive acceptance of his abusive behavior, does not bother to control himself. Society's laissez-faire attitude reinforces his belief in his right to discipline his woman. He is aware that his behavior is inappropriate, even if he does not acknowledge it. This creates further fear that she may become so disgusted with him that she will leave him. He thus becomes more oppressive in the hopes that his brutality and threats will keep her captive. This behavior historically has been successful. Battered women have been trapped in dangerous relationships by man's physical and economic superiority and society's unwillingness to make its institutions responsive to her needs.

The battered woman's attempts to cope with the minor battering incidents that occur during this tension building phase are the best she can do. Most women in a sexist society probably experience similar minor battering incidents. The difference between most women and battered women is that the battered woman has learned that she is powerless to prevent the rest of the cycle from occurring. Many couples are adept at keeping this phase at a constant level for long periods of time. An external situation often will upset the delicate balance. One woman reported that this phase lasted for longer periods of time as her children grew older. Once they were out of the house, the phase could last for several years before an acute battering incident would occur. Ten years had passed without an acute battering incident when one child was killed in an accident. Her husband expressed his grief by beating her so severely she spent several months in the hospital recuperating. Five years have past since that acute battering incident.

As the batterer and battered woman sense the escalating tension, it becomes more difficult for their coping techniques to continue to work. Each becomes more frantic. The man increases his possessive smothering and brutality. Psychological humiliation becomes more barbed. Battering incidents become more frequent and last longer. The battered woman is unable to restore the equilibrium. She is less able to defend against the pain and hurt. The psychological torture is reportedly the most difficult for her to handle. She usually withdraws more from him, which causes him to move more oppressively towards her. He begins to look for expressions of her anger, sensing it even though she still denies it or thinks she is successfully hiding it.

Phase Two

There is a point towards the end of the tension building phase where the process ceases to respond to any controls. Once the point of inevitability is reached, the next phase, the acute battering incident, will occur. The release of tension must occur, and it is almost always destructive. Phase two thus is characterized by the uncontrollable discharge of the tensions built up in phase one. The lack of control and its major destructiveness distinguish the acute battering incident from the relatively minor ones in phase one. This is not to say that those incidents that occur during phase one are not serious and do not constitute unlawful assault. It is the seriousness with which phase two's incidents are viewed by the couple that makes the distinction between the phases.

During phase two the batterer fully accepts the fact that his rage is out of his control. The battering behavior in phase one is usually measured as he metes it out. The battering incident in phase two may start out with the man justifying his behavior to himself, however, it ends with him not understanding what happened. The batterer's rage is so great that it blinds his behavior. He usually starts out wanting to teach the woman a lesson, not wanting to inflict any particular injury on her. He stops when he feels she has learned her lesson. By this time, however, she generally has been physically abused. When batterers describe acute battering incidents they concentrate on justifying their behavior. Often they recite lots of petty annoyances that occurred during phase one. Sometimes, if they are alcoholics, they blame their drinking. The trigger for moving into phase two is rarely the battered woman's behavior; rather, it is usually an external event or the internal state of the man.

The battered woman occasionally does provoke a phase two incident. When this occurs, the couple usually has been involved in battering behavior over a period of time. The woman often senses the period of inevitability is very close and cannot tolerate her terror or anxiety. She knows the third phase of calm will follow the acute battering incident. She would prefer to get the second phase over with than to continue to dread its certain occurence, so she provokes the batterer into an explosion. She then has control over when and why the indident occurs, rather than being at his total mercy. The battered woman often does not realize she is provoking the incident, although some women do. An example of the latter is a woman who wanted to go to a family party with her husband in a pleasant mood. She knew an acute battering incident was about to occur, so she deliberately provoked an explosion during the week so that by the weekend her husband would be pleasant for the party. She was not being masochistic in inviting this beating. The pain of her bashing was simply less noxious than her reward, which was a loving husband to present to her family. Many women report the same kind of relief once phase two is completed.

This second phase is briefer than the first and third phases. It usually lasts from two to 24 hours, although some women have reported steady abuse for a week or more. It has been virtually impossible to predict the extent of the violence from the battered women's reports of past events leading up to a battering or current incidents which might lead to violence in the future.

The high incidence of police fatalities when intervening during an acute battering incident (Straus, 1976) attests to the difficulty of interrupting phase two. It is important to acknowledge the self propelling nature of this phase when helpers attempt to intervene. Those advocating police training programs on how to deal with battered women often fail to understand the tenacity of the batterer's bahavior during an acute indicent. Police are taught to counsel the victim and the batterer and then leave the couple alone. The counseling techniques might be useful during other phases of the battering cycle but not during phase two violence. Most battered women report that acute battering increases after the police leave. A recent study in Kansas City found that over 80% of all non-stranger homicides had unsuccessful police intervention several times prior to the murder. Further research specifically dealing with wife abuse currently is being conducted (1).

Police usually are called during phase two, if they are called at all. The battered women interviewed in the Denver sample (Walker, 1977, 1976), typically did not ask for police intervention. Less than 10% had direct experience with the police. Of those who did have contact with the police, most felt the police could only stop the assault temporarily. The women frequently did not ask for police help again, as they felt things only got worse after police contact. The U. S. Commission on Civil Rights recent study confirmed these findings (5).

The information available describing acute battering incidents comes from battered women. The batterers have not yet provided their version, and other people rarely are around to observe the battering incidents. Gelles (1974) has suggested that, in fact, the presence of another person drastically alters the nature of the violence between the couple. The few batterers interviewed have been unable to describe much about what happened to them during this second phase. According to reports from battered women, only the batterer can end the second phase. Their only option is to find a safe place to hide from him. Why he stops the assault also is unclear. Perhaps he becomes exhausted and emotionally depleted. Battered women describe acute battering incidents which have no grounding in reason. It is not uncommon for the batterer to wake the woman out of a deep sleep to begin his assault. If she answers his verbal harangue, he becomes angrier with what she says. If she remains quiet, her withdrawal enrages him. She gets the beating no matter what her response is. The woman's screaming and moaning may excite him further, an may her attempts at self-defense. Many women have their arms twisted and broken when they raise them to ward off blows. Severe injuries also occur if they fall or are pushed against objects in the room. The violence has an element of overkill to it, i.e., the man cannot stop even if the woman is severely injured.

Battered women describe each acute battering incident in minute detail and with considerable objectivity. Many of the women report not feeling their injuries while they are being inflicted. They describe concentrating on getting it over quickly with as little damage as possible. They allow themselves to feel their rage at this time and sometimes fight back. Although they may be severely beaten by the time phase two is over, most women are grateful for its end. They consider themselves lucky that it was not worse, no matter how serious their injuries. They often attempt to deny the seriousness of their injuries by refusing to seek immediate medical treatment. Sometimes this is done to appease the batterer and make certain phase two really is finished and not just temporarily halted.

The ending of phase two and movement into the third phase of the battering cycle is welcomed by both parties. Just as brutality is associated with phase two, the third phase is characterized by extremely loving, kind and contrite behavior from the batterer. He knows he has gone too far and tries to make it up to her. It is during the third phase of the cycle that the battered women's victimization becomes complete.

Phase Three

The third phase of the battering cycle immediately follows the second and is characterized by calm. The tension that was built up in phase one and released in phase two is gone. It is in this third phase that the batterer consistently behaves in a charming and loving manner. He is usually sorry for what he has done in phase one and phase two and generally acknowledges his contriteness to the battered woman. He begs her forgiveness and promises her that he will never do it again. His behavior is described as typical of a little boy who has done something wrong, i.e., he confesses when caught in the act and then cries for forgiveness. The batterer believes he never again will hurt the woman he loves. Since he is somewhat aware that she really did not deserve his violence, the batterer believes he can control himself. He manages to convince all concerned that this time he means it, i.e., he will give up drinking, dating other women, visiting his mother, or whatever else affects his internal anxiety state. His sincerity is believable.

The battered woman wants to believe that she will no longer have to suffer abuse. His reasonableness supports her belief that he really can change, as does his loving behavior during this phase. She convinces herself that he can do what he says he wants to do. It is during phase three that the woman gets a glimpse of her original dream of how wonderful love is.

This is her reinforcement for staying in the relationship. The traditional notion that two people who love each other will overcome all kinds of odds against them prevails. The battered woman chooses to believe that the behavior she sees during phase three signifies what her man is really like. She identifies the "good man" with the man she loves. Afterall, he is now everything she ever wanted in a man. He is seen as strong, dependable as well as loving.

Since almost all of the rewards of being married or coupled occur during phase three for the battered woman, this is the time that it is the most difficult for her to make a decision to end the relationship. It is also the time during which helpers usually see her. When she resists leaving the relationship and pleads that she really loves him, she bases her reference to the current loving phase three behavior rather than the more painful phase one or two. She hopes that if the other two cycles can be eliminated, the battering behavior will cease and her idealized relationship will remain. If she has been through several cycles previously, the notion that she has traded her psychological and physical safety for this temporary dream state adds to her own self hatred and embarrassment. Her self image withers as she copes with the awareness that she is selling herself for the few moments of phase three kind of loving. She becomes an accomplice to her own battering.

The length of time that this phase lasts is not yet known. It seems that it is longer than phase two but shorter than phase one. Neither is there any distinct end to this phase. Most women report that before they know it, the calm, loving behavior gives way to little battering incidents again. The phase one tension building occurs and a new cycle of battering behavior begins.

It is at the beginning of this phase, immediately following the acute battering incident, that we have been most likely to make contact with battered women. This is when they are most likely to flee or seek out safety. My research project allowed me to meet several battered women immediately after hospitalization for severe physical injuries received during the acute battering incident. The change in those women I visited daily in the hospital was dramatic as they progressed from the end of phase two into phase three of the battering cycle. They all went from being lonely, angry, frightened and hurting women to happy, confident, and feeling loved within a few days. Initially, they were realistic in assessing their situation. They accepted their inability to control the batterer's behavior. They were experiencing their anger and terror which helped motivate them to consider making important changes in their situation.

These women were convincing in their desire to stop being victims until the batterer arrived. I knew he had made contact with her by the profusion of flowers, candy, cards and other gifts in her room. By the second day the telephone calls or visits intensified as did his pleas to be forgiven and promises never to do it again. Usually he engaged others in his fierce battle to hold on to her. His mother, father, sisters, brothers, aunts, uncles, friends, and anyone else he could commandeer would call and plead his case to her, also. They all worked on her guilt. They told her how she was his only hope and without her he would be destroyed. They questioned what would happen to the children if she took their father away from them. Never mind that the role model a batterer and a battered woman sets for them is emotionally crippling. Although everyone asknowledged his fault in the battering, she was being held responsible if he were punished. Since most battered women seem to hold traditional values about love and marriage, they are easy prey for such guilt trips about breaking up a happy home - even if it's not such a happy one. Marriage is forever, she is told, and she believes it. He's sick and needs help, is another message, with the implication being if she stays with him, he'll somehow get that help. During the intense persuasion everyone really believes all these excuses. The truth is, however, his chances of seeking help are minimal if she stays with him. It seems as if the most successful motivation for a batterer to seek help is after the woman leaves him and he thinks therapy will help him get her back.

Other battered women often recount similar stories to those experienced by the hospitalized women. Their reward for accepting the abusive violence is this period of calm and kindness. For some women, though, it is not all glowing. One woman said she dreaded this phase because her man attempted to make her feel better by buying extravagent gifts that they could not afford. If she attempted to return these gifts he rapidly became abusive again. If she kept them, she worried about how they would pay for them. Inevitably, she had to work harder to earn more money or face repossessment procedings. Thus, she had no calm respite - she was being battered during phase three also.

In summary, battering appears to occur in a three phase cycle. In phase one, the slow tension building phase, a series of minor battering incidents occur in which the woman, assuming guilt, tries to appease the batterer and repress her anger. As the unrestrained batterer escalates his attacks, he loses control and phase two, the acute battering indicent inevitably occurs, which the woman may or may not provoke. The third phase is characterized by calm, in which the woman forgives her loving, contrite batterer and hopes permanent peace can be obtained.

SPECIFIC TREATMENT ALTERNATIVES

Interdependence

In designing treatment alternatives for battered women, stopping the battering is the immediate concern, but the long term expected outcome is economic and psychological interdependence. To be interdependent means to be capable of either independent or dependent behavior within a relationship as appropriate. Each person in the relationship can provide strength (independence) which the other can lean upon (dependence); while, at the same time, the person who is independent can depend upon the other for certain needs. Most people value independence without accepting the fact that dependence is also mentally healthy, providing there is respect and trust in the relationship. A mutuality exists within the relationship that relies upon flexibility rather than fixed roles. If the man is unemployed, it is acceptable to depend upon the woman's salary. If the woman, or the man, chooses to be a housewife and depend upon the man's salary, that also is acceptable. Although interdependence usually is used in context with emotional feelings, it also can apply to economic status. In an interdependent relationship, the woman needs a skill which enables her to be economically independent at any time. She must be capable of standing alone and meeting her needs economically as well as emotionally. She must be free to choose to enter a relationship, rather than believing it is her only alternative. Most relationships that involve battered women are not interdependent on both emotional and economic levels. The woman becomes the victim because of her extreme dependence upon the batterer.

She does not believe that she can be a totally independent person.

Interestingly enough, neither does the batterer believe he can stand alone. A bond seems to exist between the couple that says, "We may not make it together, but alone we'll surely perish." Both typically are traditionalists, who fear the religious, social, emotional, and economic ramifications of divorce. Death is a more acceptable alternative.. It is essential to understand this conviction when working with the troubled couple. The woman sees death as the only way out of her situation, both the batterer's death and her own. The batterer similarly would rather die or kill her than voluntarily leave. The dilemma that this causes is enormous, as the best treatment alternative for the battered woman is to get out of the battering relationship. To end her victimization, she must leave and never return. The other treatment alternatives which will be discussed here eventually may be useful over a period of time. At the present time, however, the most effective alternative for the battered woman is to end her relationshop with the batterer.

The three major issues which relate to the design of treatment alternatives for battered women are safety, the criminal justice system, and psychotherapy.

Safety

The treatment alternatives that deal with battered women's needs for safety span most of society's public and private institutions. They touch upon the need for safe hiding places for battered women and their children, a fair law enforcement and criminal justice system, emergency medical services, responsive social service departments, job protection, vocational training/education for women and children, and a community support system that will provide physical and psychological assistance. Awareness of the need to provide for battered women's safety has been growing in this country and Europe. Expanding alternatives represent a beginning of social awareness that battered women have been victimized by an indifferent society as well as by their men.

Refuges, Safehouses and Shelters: The English Model. Safehouses, refuges, shelters and other hiding places have been the cornerstone of treatment alternatives for battered women. Erin Pizzey founded the first known refuge in England in 1971. She established Chiswick Women's Aid (2) as a meeting place for women who wanted to talk. The house was donated by the local housing council. Almost immediately women who were being beaten and could not return home came for safety and refuge (Pizzey, 1974). The need for such places of refuge evidently was extraordinary as every refuge that has opened in England, Wales, Ireland, Scotland, and then throughout Europe and the United States, immediately has overflowed capacity. Pizzey's Chiswick Women's Aid has grown from one house to a current network of over 25 houses. Other refuges developed simultaneously throughout the British Isles. Although they all used Chiswick as their model, many modifications were made. Almost all the English refuges are now coordinated through the National Women's Aid Federation (3), a central agency supported by government and local funds. As of September, 1976, 98 different member groups were operating 75 refuges. Although two national groups compete for funds in Britain, all refuges cooperate in helping a battered woman find appropriate assistance. Refuges or similar groups also exist in the Netherlands, West Germany, France, and the United States but none have developed the extensive network like the English.

All refuges or safehouses provide some assistance, even if it is only a safe place to sleep. Other services may include medical help and rehousing. In England, nationalized medical service provides assistance for those women and children who need physical attention; however, psychotherapy is not as routinely available in England as it is in the United States. The usual stay in an English refuge is six to 12 months; however the housing shortages which exist in England may force battered women and their children to remain in the refuge for longer than necessary periods of time. It takes from six months to over a year to get women rehoused by local housing councils. If the women are from another council's jurisdiction, rehousing may take several years. The newly arrived women thus have the benefit of assistance of women who have been in refuge for different lengths of time.

Most of the differences between refuge models deal with the degree of community that is established amongst members. All are successful because they provide a community support system that does not exist for battered women in their original communities or families. The major issue today for most safehouses and refuges is deciding how much independence or responsibility to demand from battered women upon their initial arrival.

Chiswick was founded on a total therapeutic community model. Women are initially housed in a crisis-oriented receiving center. An open door policy exists, which means that no battered woman or child is ever turned away. This policy results in chaotic, overcrowed conditions but is undoubtedly saves lives. The telephone number and address of the refuge is widely known. Irate batterers have arrived only to be scared away by the large numbers of people in the refuge.

When a battered woman arrives at Chiswick, she is greeted by a reception group of staff and members of the house. She is given some personal belongings if she has brought none and allocated a bed and a place to store her things in a dormitory-style room. If she has children, she is given the option of having others in the house share the responsibility to care for them. Because refuges have little money, self help is a necessity. All meals, chores, and finances are the responsibility of the collective group. Independence is encouraged by slowly assuming responsibility for yourself and others in a sheltered and protective environment. Once in this safe atmosphere, the women begin to determine their own needs. Women learn that they can trust others to help them and that they can be successful in helping others. The environment has all the necessary elements to foster the development of interdependence. The critics of this approach stress that just because hypothetically the philosophy is sound, there is no reason to believe that the presence of these elements indeed will meet the long term goals for battered women. At best, they say, it provides short term safety; at worst, it encourages further dependence, since the battered women are not forced to accept power over their own lives.

Women are encouraged to leave the crisis house for one of the second stage houses as soon as possible. Second stage houses also are managed communally, but every women is expected to share equally in the process. These houses are located throughout London, its suburbs, and in several other cities. The largest, a former hotel, houses 80 women and children; while smaller ones have an average capacity of around 20. Battered women and their children are eligible to receive financial support under the social security system and may remain in the house until they are ready to leave. They either must provide their own new housing, or they must wait their turn on the housing council list. Some women chose to continue to live indefinitely in this communal style. For these women, a third stage housing arrangement has been established which has less mobility and more sense of permanence.

Other refuges established in England as well as this country do not accept the Chiswick model for total communal living. They support a greater degree of independence, both initially and throughout the battered woman's stay. These other refuges also are smaller than Chiswick, with 12 to 20 women and children the usual size. Camden refuge, a member of the National Women's Aid Federation, does not encourage community responsibility for children, finances, or meals. Each woman has her own closet in the kitchen to store food which she purchases out of her own social security allowance. At Camden, it is considered important to encourage independence in food shopping, meal preparation and budget control. Women are encouraged to learn from one another, but this is not done systematically. A paid house mother is hired to assist this process along.

Swindon refuge encourages independence immediately by insisting women learn how to cope with the bureacracy by applying for their own social security benefits. The local committee sets up strict house rules which all women are expected to follow. These rules include required house maintenance chores and regulation of visitors, especially men. Other refuge support groups have left house management strictly up to the women residents. In one group the members exercised their decision making rights by voting to withhold their rent payments to the refuge. This put the support committee in a dilemma. They now had a group of battered women who were independent enough to challenge authority, but they also were faced with having to close the house without their rent. For further descriptions of various British refuge groups, see a narrative summary prepared by Fields and Kirchner (1976); Pizzey's (1974) and Martin's (1976) books; Flax, Walker, and Schreiber's (1976) presentation to the American Psychological Association and Stafford's (1976) presentation to the American Sociological Association.

American Refuges. The development of refuges or safehouses, as they are beginning to be called in the United States, is in an infancy state compared to the progression in England. Women's groups around the country have provided temporary safehousing for battered women on an informal basis. National Organization of Women (N.O.W.) chapter headquarters, women's resource centers, and feminist book stores have been the most reliable sources for locating individual homes where battered women and their children could seek shelter and safety temporarily. Untold numbers of battered women have sought safety in motel rooms, friend's and family's homes. Some of these groups and other local groups have provided counseling for battered women and their families. New programs are developing, some under the Victim/Witness Assistance program funded by the Law Enforcement Assistance Agency (L.E.A.A.). Safehouses are now available in many major metropolitan areas.

The importance of the safehouse movement is that it provides a sense of community and a support system for battered women. As soon as they walk through the door they are no longer helpless victims. They learn that they do have a sense of power over their own lives, that other people care enough about them to take risks to help them, and that society's institutions can be of assistance. This sense of support occurs no matter what the organizational structure of the refuge. Through modeling techniques, battered women learn to try different life styles that other women have adopted. They learn by watching staff and other members. Battered women typically have been isolated from other people. The sharing of commonalities and differences between themselves helps offset their deprivation. They experience the benefits of being able to make the system work and eventually learn how to do it themselves. They learn better parenting skills through direct staff intervention or by contact with others who have different discipline techniques or ways of demonstrating their love for their children. They must learn to think, act, and love themselves yet still have some dependence upon group support. Women who remain in safehouses until they feel comfortable rarely engage in another battering relationship. About 50% of women who stay longer than one week in a safehouse will not return to live with their batterers. Personal observation indicates that percentage rises dramatically if the safehouse remains open to women who return home and then want to come back to the refuge. This process may occur three or four times before the battered woman is able to leave permanently. It may be that these women need to experience the inevitability of the battering cycle several times before they accept their inability to control it.

There are some definite limitations to the refuge or safehouse concept. First, it provides an artificial sense of community that does not exist outside of itself. Many women cannot cope with the real world unless they have such a support system. Time has not allowed the development of such a natural support network, although groups have begun the process, such as, Women's Advocates in Saint Louis, Missouri; Rainbow Retreat in Phoenix, Arizona; and Bradley Angle House in Portland, Oregon. Many groups that have not been able to afford safehouses have concentrated on strengthening potential support systems within the community. These natural support systems will be discussed below.

Another drawback to safehouses is their limited potential for educational or vocational training. Some houses have made arrangements with local schools or job training programs, but most have their hands full coping with basic physical and emotional needs. Although women from many different social, cultural, educational, and economic levels utilize the safehouses, unless they have job skills prior to entry, they probably will not be self-supporting when they leave. Without the potential for economic independence these women will be at the mercy of the state or another man.

The children of battered women provide still another problem in safehouses. Most of these children have lived under stress and fear for long periods before being taken from their homes to a strange place where they must relate to many strange people. They have learned to expect and accept violence, even if they themselves have never been the direct target of the abuse. Many children show evidence of emotional disturbance due to their violent homes. Some also have serious learning problems. While refuges have attempted to provide care for infants, pre-schoolers, and school age children, it is not enough. The withdrawn children are usually overlooked. Space is a problem for younger children who need a place to run and play. Other children, especially the adolescents, engage in various acting out behaviors that make communal living in cramped quarters a horror. They often destroy the few meager furnishings available. Adolescent boys can be as violent as their fathers and often find willing younger versions of their mothers in the adolescent girls. The theory that an abusing family begets a new generation of abusers is painfully witnessed in these houses. Much time, energy, and money are spent trying to reverse the trends and prevent these children from perpetuating violence.

Crowding is another problem in safehouses. Refuges are filled with so many people that the noise level is often deafening. There is no privacy and not much room for individuality. Most houses are in physical disrepair due to over use. Washing machines, if they exist, are often broken, as are other appliances which simply cannot stand the wear they are given. More critically, disease is widespread. Colds, stomach ailments, and other contagious diseases run rampant through houses where sick members cannot be isolated. Finances make it impossible to staff the houses with doctors and nurses, so professionals must donate their time. As dismal as this picture may sound, it is crucial to understand that both here and in England women chose to live in a safehouse rather than return to a quiet, clean, spacious, disease free home with a batterer in it.

The last limitation to the safehouse or refuge movement is the lack of facilities for men. The batterer is left alone unless he comes after his woman. He then may be turned over to law enforcement authorities. If the batterer simply would cease his erring ways after his victim leaves home, this would not be a concern to those interested in helping women. This is not the case. It is more likely that he either will become psychotic; seriously depressed; or, even worse he will find another women to batter. It is unfortunate, although understandable, that these men do not get any treatment since it is they who create the victims. In several refuges batterers have been involved in treatment. Rainbow Retreat in Phoenix states 60% of the men participate in group, family or individual therapy. Chiswick has set up a house for the men to live in or meet in groups. Although neither refuge reports the same kind of excitement and success with men as they do with women, the initial steps have been taken.

Safehouses are expensive and difficult to operate. Staff turnover is high, as they are typically underpaid and overworked. Most refuges give staff several days off per month to rejuvenate. Funding is a constant problem. Support groups become tired, and they change frequently. All refuge members become saddened when a former member or child is killed, an event which happens far too often. They assume guilt, feeling if only they had done better, she might have stayed. The battered woman is most apt to remain in safety if she has suffered through several battering cycles, accepts the inevitability of further violence, and is prevented from having contact with the batterer in the calm, loving phase three cycle. All of the difficulties in operating the safehouse disappear when a battered woman shakes off her victim mantle. These successes make the many problems seem surmountable.

There are also many natural support systems within the community that can provide a measure of safety for battered women.

Hospital Emergency Rooms. Hospital emergency rooms commonly treat battered women who have suffered physical trauma. As would be expected, most hospital emergency room staff see battered women immediately following the phase two acute battering incident and as they move into phase three loving behavior. Without knowledge of phase one tension building behavior, the emergency room staff see only a small part of the cycle. Most emergency rooms are staffed by doctors who rotate every six weeks.

Typically, they do not have time to question the origin of such injuries, even if they are suspicious. Nurses have the most continuity with repeat patients and are most likely to spot battered women, especially after some awareness training. If a nurse suspects battering, the woman's chart should be tagged to alert staff. Suspicious cases should be treated in a specific manner. First, the woman should be examined and interviewed alone. She should be asked directly if her injuries were the result of a beating. Once she is confronted directly, it is difficult for her to conceal battering unless she is terrified. Whether or not she admits to being abused, she should be given the telephone number of the nearest helping agency, preferably one specifically dealing with victimization of women. I have known battered women who have kept such telephone numbers hidden for six or more months before they used it. If she does admit to being battered, all the details of the incident should be entered on her chart. Her own words should be used whenever possible. Descriptive behavior rather than impressions or interpretations should be noted. This may be valuable legal evidence.

Whenever possible, a battered woman should be admitted to the hospital. She usually is physically and emotionally exhausted, and hospitalization can hasten her healing process. It also provides a safe refuge temporarily. During hospitalization, both the battered woman and the batterer are forced to deal with the serious consequences of the violence. If they prefer to deny and minimize her injuries, hospitalization prevents them from doing so. The battered woman has time to think and decide on a course of action following an acute battering incident without the batterer's attempts at loving contrition. Although most women return to their homes after hospital treatment, for many it is the first step to independence.

Private Physicians and Clinics. Private physicians and clinics see a smaller number of battered women following a phase two explosion. Many report being too ashamed or frightened to confide in a family doctor and prefer the anonymity of large hospital emergency rooms. Private physicians generally see battered women during the first tension building phase of the battering cycle. As the tension causes anxiety, women request medication to help them feel calmer, to sleep, to releive backaches and other stress symptoms. Many battered women are considered hypocondriacs because they visit their doctors so often; yet, they have few other sources of professional assistance. It is less of a risk to see the doctor for physical complaints then psychological. Hilberman (1977) reports a group of rural battered women who sought out services from the comprehensive health clinic without their batterer's knowledge at great risk to themselves. They received supportive counseling and medication to relieve stress symptoms and facilitate sleep.

Many battered women come to the attention of medical personnel during pregnancy. They usually seek routine obstetrical care which provides some continuity with a clinic or medical staff. For yet unexplained reasons, the batterer either becomes more physically abusive to the woman during pregnancy; or, he stops all battering behavior. The escalated violence often takes the form of prenatal child abuse with repeated blows to the woman's protruding stomach. Sometimes abortion results. Sexual mutiliation is also more frequent when a battered woman is pregnant. If the pattern is to cease his abusiveness, the woman may choose to become pregnant frequently in order to prevent violence. Unfortunately, the presence of infants or young children seems to increase the batterer's jealousy of their time demands on the woman.

Women who turn to refuge most often have adolescent children who began protecting their mother from the batterer's violence. The second most likely time to leave is when there are several children under the age of five years. Obstetricians and nurses may be able to provide preventive assistance to battered women before an acute battering incident occurs by documenting details in her records.

Company Medical and Counseling Departments. Company medical and counseling departments are another natural community resource that can help provide safety and help for battered women. Many batterers are well known to their wive's co-workers. He may hang around her office without much reason, usually not making much trouble for her until near the final stages of phase one behavior. The battered woman sometimes will seek counseling or medical help through her company so that the batterer does not know she has done so. Lack of sleep and anxiety often hampers her efficiency. If she can get sent home on sick pay, she often uses the time to try to reduce the tensions that have been building. Often a battered woman stays absent for several days following an acute battering incident. If she has been injured, she waits until make-up can cover the bruises. She often sees the company physician to check for broken bones, especially broken ribs for which she can put off treatment about four days until the pain worsens.

Some large companys have programs for battered women employees. For example, one company physician has studied the battered women syndrome and will place such a woman on disability if her medical condition warrants it and will suggest referral sources for psychotherapy. The woman can remain on disability with full pay and all medical expenses covered until her psychologist feels she is ready to return to her job.

This type of program assures battered women job protection while giving them time to cope with their crisis, including the option of going into hiding for a short period of time.

Social Service Departments. Social service departments also can provide immediate safety for battered women. One method would be to declare battered women a class of citizens who need immediate financial support. This action would make all women, regardless of income level, eligible for temporary social service assistance. This money enables the battered woman to seek new living quarters if she wishes to leave home. Some states will grant a double rent payment to the battered woman, if she is on public assistance and already has paid rent in the marital residence on the first of the month and needs to seek safety elsewhere later in the month. States could be reimbursed for such assistance under Title XX of the Social Security Act. Battered women thus would need not feel trapped financially in their relationships.

Social service departments also can encourage welfare workers to detect and report instances of battering among their clients. Many social workers report that they knew their clients were being beaten, but they did not know what to do about it. They should be required to document details in their case records and make appropriate professional referrals.

Social service departments or state health departments are usually the designated state agencies to gather statistics on epidemiological matters such as incidence of venereal disease and child abuse. It is suggested that they also be required to keep anonymous statistical data on incidence of battered women. Privileged communication status could be granted to those required to report suspected cases to protect them from legal liability. The risk of requiring names is too great at this time. A bill is being drafted in Colorado which would require the state social service agency to provide protection for battered women. Similar legislation is being proposed in other states.

Other natural support systems exist within communities that can provide safety for battered women. The potential for religious leaders is not yet known. Legal assistance will be discussed in the following subsection.

Criminal Justice System

Any discussion of safety for battered women must include the criminal justice system. The police and the courts are not protecting this class of assault victims adequately. In New York City, a class action suit has been filed on behalf of 12 battered women against the New York City Police Department, the Probation Officers and Clerks of the Court. The suit requests a declaratory judgment which would force the defendents to perform their duties adequately so as to protect the battered women (4). The major issue in this case is the provision of temporary restraining orders upon request and need. Inadequate protection for battered women is not unique to New York City. Battered women everywhere do not receive protection under the law. Married battered women do not even have the benefit of the law in most states. A thorough review of these laws can be found in Martin (1976). A recent Denver study citing the violation of civil rights of battered women has been released by the U. S. Commission on Civil Rights (5). The major issues for battered women in the criminal justice system are prompt police protection, rights of arrest, equalization in obtaining and enforcing restraining orders, and the legal ramifications of fault divorces.

Police Protection (6). Police protection is considered inadequate not only by battered women but also by batterers and the police themselves. Recent F.B.I. statistics indicate that answering domestic violence calls can be duty of the most hazardous sort for police. Police are called most frequently during the phase two acute battering incident. Experience has proven that intervention during this explosive phase will be most successful if it separates the man and woman. It is necessary to prevent the man from committing further violence and to provide safety for the woman. The most effective intervention by police would be to treat the domestic violence call as an assault and to arrest the batterer. Furthermore, the police should sign the complaint. The state, respresented by the police, then is responsible for pressing charges, not the battered woman. It is unrealistic to expect the victim to sign a complaint and press charges when she is given no protection from further assault. Most police officers will lose interest in protecting the battered woman if she repeatedly drops charges. They interpret her reluctance as a desire to remain battered, rather than fear of the consequences of pressing charges. In treating battering as an assault case, police should include both married and unmarried relationships. Police need the further right to request a temporary restraining order, as they may in many states in child abuse cases. Finally, police should be given responsibility for enforcing restraining orders. The issuing court should send copies of the order to the local law enforcement agency, rather than requiring the victim to show the order to the police. In areas where police and L.E.A.A. programs interact, battered women usually receive more protection since police have better training, and more referral sources are available. Although police may log in their domestic violence calls, the data is largely unretrievable. Such data should be available to document the scope of the battered women problem.

Restraining Orders. Restraining orders are the legal profession's second most potent technique in dealing with offenders, arrest and prosecution being the first. Each state has its own method for obtaining such an order. A temporary restraining order usually is issued first which becomes permanent unless the assailant shows cause why it should not. The judge in effect orders the batterer to stop his assault and to stay away from the battered women's home. If the couple is not married and do not own joint property, the order is issued quite simply upon evidence of violence. If the couple is married, however, judges are reluctant in most states and forbidden by law in others to enjoin a married man from using his property. Unless divorce petitions are filed, most married women have extraordinary trouble getting a temporary restraining order. Some attorneys do not find restraining orders particularly useful, as they feel the batterer will not obey them. Disobeying a restraining order usually results in a contempt citation and an arrest order. If 80% of batterers are only violent in their domestic relations, then it is reasonable to expect that four fifths of them would respect such court orders. The inequities and hardships experienced by battered women in obtaining such relief needs legislative attention.

Legal Rights in Divorce Actions. Legal rights in divorce actions is the final action to be discussed here. Many states still provide for fault divorces using desertion as grounds. Battered women who leave their husbands to seek safety must be exempted from a potential desertion charge. Documentation from any of the previously mentioned support groups or individual attorneys is needed. Battered women also need to know their rights in any potential divorce action. Many women are ignorant of property distribution and child custody laws. Legal Aid services across the country are providing excellent legal defense for some battered women. Private attorneys need to follow suit. Psychotherapists and other helpers also need to be familiar with local laws so they can better assist their clients.

Psychotherapy Modalities

In a country such as the United States where there is a kind of reverence for the practice of psychotherapy, it is not surprising that battered women have sought the services of psychotherapists. As is true for other helpers, psychotherapists, including psychiatrists, psychologists, social workers, and psychiatric nurses, have been inadequate in helping battered women. These women report that most therapists refuse, directly or indirectly (usually by omission), to deal specifically with acute battering incidents. They concentrate instead on the psychological consequences presented. It is to be expected that women who have been abused repeatedly will have enough psychological symptoms to keep a therapist busy. Many psychotherapists interviewed have admitted not realizing that their client was being brutally beaten over long periods of time.

Battered women have related stories of being treated as though they engaged in "crazy" behavior. Many have been institutionalized involuntarily. In some cases, they were given so many shock treatments that their memories were impaired permanently. These women were diagnosed as paranoids, evidenced by their suspiciousness and lack of trust of people they feared might say the wrong thing to their batterers. In a paranoid way, they concealed their actions, wrote and stashed away secret messages on tiny pieces of paper, and they constantly worried about manipulating other people's behavior so as not to upset the batterer. Others were treated for a serious depression, which no doubt served to protect them from the constant level of stress in their unpredictable lives. For too many, their justified and perhaps motivating anger was mellowed by indescriminate use of tranquilizers.

Many battered women's coping techniques, learned to protect them from further harm, have been viewed as evidence of severe intrapsychic personality disorders. My pilot research project (Walker, 1976, 1977) has yielded data which indicates that battered women suffer from situationally imposed emotional problems due to their victimization. They do not choose to be battered because of some personality deficit but develop behavioral disturbances because of the battering. A proposal for further systematic research into battered women's personality has been submitted to the National Institute of Mental Health, (Walker, 1976).

Psychotherapy generally has emphasized the value of keeping families intact whenever possible. In dealing with battered women, however, breaking apart the family should be encouraged whenever possible. The major difficulty is that most battered women want the therapist to stop the batterers from abusing them, but they do not want to break up the relationship. Psychotherapy modalities which strengthen the battered woman's successful coping strategies while helping her overcome her powerlessness have proven effective. Supportive psychotherapy during the separation and divorce period has proven successful. Rarely do women who have received such therapy get involved in another battering relationship. Although the kinds of psychotherapy modalities vary in technique and scope, the goals remain constant. Current behavior is the focus, although exploring the past is sometimes helpful in interpreting present problems. It is important to clarify the ambivalent feelings of the battered woman. They center around issues of love/hate, anger/passivity, rage/terror, depression/anxiety, staying/leaving, omnipotence/impotence, security/panic, and others. A combination of behavioral, insight oriented, feminist therapy has proven the most effective therapeutic approach. Although the different therapeutic modalities are numerous, those with the best reported success with battered women to date are crisis intervention, individual psychotherapy, group psychotherapy and couples therapy.

Crisis Intervention. Crisis intervention techniques are often very appropriate for intensive therapy after an acute battering incident. Battered women or the batterer individually are concerned enough about their lack of control to want to understand and change their behavior. Crisis therapy usually focuses on a specific critical incident. The goal is to teach the client how to resolve possible future crises by applying conflict resolution techniques to the present one while motivation is very high. In using crisis therapy with battered women, it is important to label the women battered. The use of denial is a typical coping mechanism which prevents them from considering action. The women and men should be seen individually unless, in the judgement of the therapist, there is little likelihood of further battering. The therapist should not expect much trust initially. Battered women are similar to rape victims; in that, they respond more easily to a female therapist who is trained to understand the effects of such victimization. It is important to help the battered woman follow through whenever possible but also to understand and accept her ambivalence in making positive changes in her life. Although some battered women are ready to utilize crisis therapy, most need more time.

Individual Psychotherapy. Most women seek a therapist during the first phase of the battering cycle. They recognize the rising tension and feel the inevitability of the forthcoming battering. They usually believe that if they could rid themselves of their provocative behavior, their batterers would become model phase three men. They ask the therapist to teach them new techniques to cope with the battering behavior. The battered women who seek therapy often do so at great personal risk. Most do not dare tell their men they are in therapy initially, although they eventually do. They sometimes assume another name to preserve anonymity, and invent excuses to account for their movements during the therapy sessions.

The battered woman who comes to the therapist during phase one usually is trying to cope with her feelings of guilt, anxiety, and anger. The therapist can help her express her guilt by having her recount the details of battering incidents in which she could not stop her own battering. A feminist therapy approach, which tries to separate the woman's personal issues from common issues shared by other victimized women, may be effective. It is necessary to confirm society's lack of adequate help for her but also to be encouraging about the potential for change. Control of anxiety may be accomplished through relaxation training, hypnosis, or recommending that the battered woman join a health club to focus on positive body feelings. It also is important to help the battered woman recognize and control her anger. She should be encouraged to experience anger each time it occurs, rather than suppressing it and releasing it all at once, perhaps triggering an acute battering incident.

The realities of present alternatives and future goal planning are explored in individual therapy. The battered woman needs to recognize concrete steps she can take to improve her situation. If her goal is to remain with the batterer, even temporarily, then therapeutic goals toward strengthening her independence within the relationship become important. Career goals need to be explored. Reinforcing the positives in the battered women's life, using successive approximations from minimum to maximum independence, is important. Individual therapy concentrates on the present but may use the past to promote understanding of the current situation. The therapy is more action oriented than analytic, as unstructured psychoanalysis is too risky. As therapy progresses, other adjunctive therapies can be recommended, e.g. assertiveness training, parent education, vocational counseling, and couples therapy.

Group Psychotherapy. Group psychotherapy is another therapy format for battered women. It has some benefits over individual therapy. Battered women are usually isolated and rarely meet other battered women. They have few friends in whom they can confide. A group composed of all battered women thus can be an extremely therapeutic experience. Such a group combines the best of the conscious raising groups with the expertise of a therapist who is familiar with group process. A number of agencies are conducting women's groups for victims. One of the most successful programs is in Seattle (7). Two women psychotherapists, Karil Klingbeil and Vicki Boyd, who previously were responsible for rape victim services, began a group for battered women. These women were identified either in a predominantly lower income hospital or in a mostly middle income Health Maintenance Organization. The group of 12 women and two highly skilled therapists meet on a weekly basis. The women derive a sense of strength from all of the group members that is more difficult to provide on an individual basis. Therapy is action oriented with a focus on moving towards changing behavior. Most of the women have been seriously physically battered when they first come to the group. The therapists take an aggressive role in encouraging women to prosecute when appropriate. They already have established an advocates division to help the woman victim use the criminal justice system. This is necessary to help them overcome the immobilization that their terror brings. As women witness others successfully making changes, they are more likely to try themselves. There is often a risk factor for therapists who lead these groups. Some batterers have unleashed their rage on the therapists. The Seattle group was held at knifepoint for several hours before being released. Another group had a car driven through their front door. Other terrorizing threats have been reported.

Couples Therapy. Couples therapy is the therapeutic technique that most psychotherapists, other helpers and battered women count on to make everything better. Battered women feel that if they can get their men to participate in therapy, then they will stop their abusive behavior. This assumption is not necessarily true. Very few traditional couples therapy techniques apply to battering couples, unless the therapist wants to spend time teaching these couples how to fight better. Non-fighting techniques need to be stressed instead. Most couples in a battering relationship have extremely poor communication skills. Their relationship has unusually strong dependency bonds that need to be broken. It is therefore more important to work on the two individuals within the relationship, rather than dealing with the relationship itself. Ultimately, the goal is interdependence.

Recognizing the need for new treatment techniques for couples therapy, Mort Flax, a psychologist, and I developed a procedure which has been successful in limiting the severity of battering incidents, although it has not eliminiated them altogether (Flax, 1977; Flax and Walker, 1977; Walker and Flax, 1977) The procedure is based on the cycle theory of battering and utilizes a communication training approach developed by Weiss, Hops, and Patterson (1973).

No game playing is allowed concerning the reasons the couple is in therapy. The man is labeled a batterer and the woman a battered woman. Male and female cotherapists work with the batterer and the battered woman respectively. Initially the men and women work separately, and the couple lives apart. After a short period, they are allowed to move back together and they begin joint therapy sessions. The issues discussed deal with strengthening each individual so that the relationship becomes free of all coersion. The couple learns how to ask for what they want from one another without being limited by often erroneous assumptions. They are taught to recognize their own behavior patterns in their unique battering cycle, so that they can become aware of the danger points. Contingency reinforcement management procedures are employed, as are individual reinforcers for battering free time periods. Natural reinforcers are strengthened. Therapy time is spent strengthening the positives and dissecting the negatives to prevent explosions in the future.

Behavior rehersals and role playing on videotapes often are used.

Although problems exist with this type of therapy, couples benefit. They attend regularly, and life is better for them. The women do not work as rapidly towards independence as they do in individual or group therapy, but they loose the pervasive terror that immobilized them and they learn to express anger more constructively. The men learn to be more assertive too, asking directly what they want without having to threaten the woman if she does not satisfy him. As difficult as it is, couples therapy is a viable treatment alternative for battered women and their partners.

Conclusions

Battered women have been identified and available for therapeutic alternative choices only recently. The modalities discussed are a beginning. The goal is to promote interdependence so that psychological and physical battering behavior ceases. The most effective means to reach this goal is when the couple separates. Other treatment alternatives provide some relief. Women who are battered are victims. As these women learn that being battered is no longer necessary, they will demand and receive services from treatment alternatives.

NOTES

1. A copy of the report on the Domestic Violence Research Project is available from Dr. Jeanie K. Meyer, Operations Resource Unit, Kansas City Police Department, 830 Argyle Building, 306 East 12th Street, Kansas City, MO 64106.

2. Chiswick Women's Aid, 369 Chiswick High Road, London, W4, England.

3. National Women's Aid Federation, 51 Chalcot Road, London NW1, England.

4. A copy of the complaint is available from Marjory D. Fields, Managing Attorney - Matrimonial Unit, Brooklyn Legal Aid Services, 152 Court Street, Brooklyn, NY.

5. This study is available from the U.S. Commission on Civil Rights, Women's Rights Division, Washington, D.C. They have also produced a documentary movie based on this research study.

6. The term police may be synonomous with a local law enforcement agency.

7. More information is available from Karil Klingbeil, M.S.W., Social Service Director, Harborview Medical Center, 325 Ninth Ave., Seattle, Washington 98104 and Vicki Boyd, Ph.D., Psychologist, Group Health Collective, Seattle, Washington.

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APA DIVISION 17 MINIMAL COMPETENCIES IN COUNSELING AND PSYCHOTHERAPY PROJECT

PSYCHOTHERAPY AND COUNSELING WITH BATTERED WOMEN

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I. The knowledge, theory, research, and information.

Social scientists have long been concerned with the nature of violence among peoples of different societies. Despite the fact that most people live in some kind of family structure, intra-family violence has not attracted much attention. On the contrary, the family has been viewed as an oasis of calm in an otherwise hostile world. It has become increasingly apparent, however, that the family, especially the nuclear family, is not at all the placid tranquil refuge; rather, it is a fertile ground on which violence can and does occur. The probability that such violence will in fact result in pain or death increases dramatically if the family member is a woman.

The history of wife abuse is ancient. Brownmiller's (1975) research on the history of rape, which is one form of violence against women, suggests that from Biblical days women traded freedom for security. In many societies, men were not considered manly if they did not beat their wives. Women were treated as men's property. Men felt that they had the right to discipline women and to decide when and how discipline would be administered. Man's physical and economic strength reinforced women's acceptance of the so called "right to discipline."

Little research has been conducted to date on violence against women. It has been considered an acceptable resolution to marital disagreement as long as violence is confined to the home. Talking about such assaults, reporting it to the police, or conducting research on wife abuse has been a sociological taboo (Steinmetz and Straus, 1974). Family violence is not a new syndrome for psychologists either. We have attempted to study aggression and violent behavior for ages. However, prior research in the areas of violence in family has tended to be clinically oriented and focused on the pathology of the individuals involved; primarily the intra-psychic conflicts of the man and the woman. The prevailing belief has been that only women who "deserved it" were beaten. In a study of battered wives in 1964, Snell, et al. suggested that beatings are solicited by women who suffer from negative personality characteristics, including masochism. "Good wives" try to change it to please men, to be less provocative, less aggressive, and less frigid. In this way, the burden of guilt for battering has fallen on the woman and the violent behavior of the male has been perpetuated.

Battered women recently have been breaking the taboo against talking about wife abuse. Such women are now admitting to being assaulted by their mates or partners. And, interestingly enough, their stories directly conflict with the prevailing stereotype of the battered women and of previous research (Walker, 1977).

Historically, violence against women has been considered an acceptable resolution to marital disagreements as long as the violence is confined to the home. Party jokes such as, "Hey Jack, have you beaten your wife lately?" or "Where did Helen get her black eye?" or "Are you beating her again, Jim?" demonstrate these attitudes. Recent research has been conducted by Darryl and Sandra Bem to see whether or not strangers would come to the assistance of a woman who was being physically and verbally pushed around by a man outside the home on the sidewalk. Passersby, at different times, watched two men in an argument, two women in an argument, and a man and a woman in an argument. The severity of the physical and verbal activity was the same in all three instances. The strangers came to the aid of the two women and the two men far more often than they did to the man and woman. When questioned about their behavior, the strangers said that they did not feel that they had the right to interfere in a marital disagreement. The assumption was that if a man and a woman are arguing in public, they must be married, and this gives the man license to abuse the woman.

Del Martin (1976) presents detailed evidence on how a sexist society actually facilitates, if not encourages, women to be beaten. Police, courts, hospitals, and social services all refuse to provide them protection. Even we, as psychologists, have learned to keep the family together at all costs-even if the individual's mental health or life is at stake. Many of the battered women that I interviewed told of psychiatric hospitalization and treatment for diagnoses other than a generalized stress reaction from constantly being abused. In one such case, the woman was interviewed immediately following her release from a psychiatric hospital. She was taken to a battered women's shelter, provisions were made for her to obtain economic and legal relief, and within several days, there were no visible signs of any mental disturbance.

The first attempt at understanding the nature of violence in the family came from sociology. Straus (1971, 1973) began to examine sociological causitive theories using a systems approach. His work and that of his students focused on understanding why people batter each other in a family context. Their work was the first to label such assaults a crime, declaring that such violence would be considered a criminal act and prosecuted were it to occur in any setting other than the home. Straus, et al. (1976) cite studies indicating that somewhere between 25 and 67 percent of all homicides occur within the family, across all societies. Straus, Steinmetz, and Gelles (1977) conducted a recent survey of a randomly selected national sample of over 2,100 families which indicated that one out of six of the couples interviewed had a physically violent episode during that year--an estimated seven and one-half million couples nationally. At least 28 percent of all married women--or 13 million couples will experience violence in their marriage, according to that research. Almost four percent had used guns or knives in their attacks. When the incidence rate reaches almost one-third of all families, it is not a problem of individual psychopathology, but rather, indicative of a serious social disorder. These findings are a low estimate, yet entirely consistent with my sample of battered women.

Gelles (1974) investigated 80 families who contacted the police concerning their assaultive behavior. He concluded that there were powerful sociological and cultural forces that allowed such assault to be viewed as both normal and not normal simultaneously. He discussed the theory of legitimate discipline and proposed that different families have learned to accept different levels of assault in the name of discipline. It is important to understand the theories of culturally determined norms towards battering women if indeed such attitudes are to be changed, and such behavior stopped. However, some of the theories postulated to explain the behavior have not been supported in other research. Straus (1976) summarizes 15 theories to explain causation of intra-family violence (p.33, Fig. 2). These theories include intrapsychic psychopathology, external agents such as drugs and alcohol, social-learning theories, negative self attitudes, frustration, conflict, structural systems, resource and attribution concepts. While it might be useful to include so many distinct categories in exploratory research, it is also confusing. Many of these theories overlap and could be consolidated. Further, an interaction of the variables rather than a unitary concept is needed to understand the complexity of violent behavior. From previous research, it seems probable that social learning variables, cultural variables, systems variables, and personality variables, all interact to provide the potential for battering, with external stress being a factor when the violence actually occurs.

Gelles (1974), Straus, et al. (1976) and Hilberman (1977) have reported a higher incidence of battering among lower class women, who may be more apt to file assault charges or cite violence as grounds for divorce. It appears that middle and upper class women have been fearful of authorities knowing about their plight. They have feared retaliation by their husbands. They have believed that their husband's high level of community influence would cast doubt about the credibility of their battering stories. Results of the recent publicity have brought many of these women out of hiding. They say this publicity recently given to wife abuse has created a climate in which they think they will be believed (Walker, in press). Many battered women are successful career women with adequate financial resources. In my research, one woman related that her money enabled her to endure the battering relationship. Whenever she felt her husband was going to batter her, she packed up the children and went to their mountain home. Another woman reported going to Europe for several months to escape her husband's violence. Many women find temporary havens in motels or with friends. Nonetheless, having financial resources did not prevent any of these women from being battered in the first place. It does appear from all the literature that poor women have fewer resources with which to cope with battering. It is also apparent that most women gain their economic independence through their husbands. Even those women who have independent financial resources are persuaded to share them with their battering mates.

Since early 1975, I have been interviewing battered women and their helpers. To date I have documented over 120 interviews with battered women, and several hundred others and their helpers in less detail. There is much to be learned from the stories of these battered women. Estimates of demographic (Walker, 1977), details of the interviews (Walker, in press), suggestions for further research (Walker, 1976), debunking myths (Walker, Schreiber and Flax, 1976), hypothesis and theory building (Walker, 1976a), and implications for treatment alternatives (Walker, in press; Flax, 1977) have previously been reported. From this research, I have also developed a psychological rationale for why the battered woman becomes a victim, how the process of victimization further entraps her resulting in psychological paralysis to leave the relationship. This psychological rationale is the construct of learned helplessness (Walker, in press). The maintenance of violent behavior, once it occurs, also became an imperative question in this research. While I knew it did not continue because either the men or women liked it, the old masochistic myth, the specifics of why a woman stayed in the relationship needed response. Discovery of the cycle theory of violence came through deduction from the empirical evidence. This cycle theory of violence is discussed in detail elsewhere (Walker, in press).

In my research, I have attempted to look at the battered women as victims of battering behavior rather than the cause of the violence. The stories the women have told make it imperative that we understand this victimization process if we are to apply adequate psychotherapy and counseling techniques. Ryan (1971) originally applied the concept of blaming the victim to those experiencing racial discrimination. In his book (1971), he discussed how such prejudicial attitudes affected both the perpetrator and victim of discrimination. Such stereotypes prevent those who hold them from dealing adequately with the issues. They serve to maintain the status quo and prevent the kind of open dialogue necessary to eliminate racial prejudice. They also keep the victim in a clearly proscribed role bounded by the stereotypical myths and allow the bigots to avoid changing their misconceptions.

So too, for all the women who have been victims of violence committed by men against them, individually or collectively. By perpetuating the belief that it is rational to blame the victim for her abuse, we ultimately excuse the men for the crime. Society has permitted such prejudicial myths to exist in seven areas of violence against women, according to research being conducted at the University of Colorado by Dr. Margie Leidig. These seven areas are: 1) battered women, 2) rape, 3) girl child incest, 4) pornography, 5) prostitution, 6) sexual harrassment on the job, and 7) sexual harrassment between clients and professionals (including doctors, therapists, lawyers, etc.).

Blaming the women for causing men to batter them has resulted in their shame, embarrassment, denial, and further loss of self esteem. It prevents the batterer from ceasing his violent behavior because it says it is really the woman's fault, not his. It perpetuates his notion that he is justified in beating her because she did something to make him angry. The fact that such violence is not acceptable behavior gets lost in this victim precipitation ideology. Although some have tried to understand the offenders' behavior by studying the possibly provocative behavior of the victim, this research merely leads up blind alleys and simply encourages continuance of such crime through rationalization. Such violence will only cease when every person, man or woman, stops defensively rationalizing and begins to understand just how such acts are comitted and maintained in our culture.

From the beginning of my research, it seemed to me that these women were physically and psychologically abused by men and then kept in their place by a society that was indifferent to their plight. Thus, they were doubly victimized and then blamed for not ending their beatings. They are told they have the freedom to leave the violent situation, yet are blamed for the destruction of their family life. They are free to live alone, yet cannot expect to earn equal pay for equal work. They are told to express their feelings, yet when they express anger, they are beaten. They know they have the same inalienable right to the pursuit of individual happiness as do men, but they must make sure their men's and children's rights are met first. They are blamed for not seeking help to end their abuse, yet when they do, they are told to go home and stop their own inappropriate behavior which causes their men to hurt them. Not only are they responsible for their own beatings, they must also assume responsibility for their batterer's mental health. If they were only better, the litany goes, they would find a way to prevent their own victimization. Thus, the need to understand the new research that is coming out it essential and beginning to develop psychological treatment procedures for such battered women and their spouses and children.

As I began to interview battered women, I noted how deeply affected they were by their own inability to meet the expectation that they were to blame for what was happening to them, and, therefore, should be able to stop it. This caused further loss of self esteem which had been already lowered by their experiences. It helped immobilize them into inaction, rather than spur them on to choose effective remedies. The question, "Why did battered women remain in these relationships?" has been asked continually through all of my work. As I recognized the epidemiological considerations, I realized I needed to look for psychosocial causation rather than explanations of individual psychopathology. The learned helplessness phenomenon seemed to fit logically. I was struck by the similarities I saw in battered women's descriptions as compared to the experimental victim's learned helplessness reported by Seligman (1974).

Seligman (1974) first hypothesized that dogs which were subjected to non-contingent negative reinforcement could learn that their voluntary behavior had no effect on controlling what happened to them. If such an aversive stimulus were repeated, the dog's motivation to respond would be lessened. Furthermore, even if the dog should later perceive the connection between his voluntary response and the cessation of the shock, the motivational deficit will remain. The dog's emotional state would be depressed with anxiety occurring as a result. Within the last several years the theory of learned helplessness has also been tested with human subjects and found to be equally applicable. It is a useful theoretical construct from which to understand the cognitive, emotional and motivational deficits so frequently observed and reported by battered women. The psychological paralysis that maintains the victim's status as a battered woman is consistent with the theory. Battered women can relearn the response outcome contingencies by directly experiencing a sense of power and control over those events which are, indeed, under her voluntary and independent control (Walker, in press). Probably the most important way to learn which events are under her voluntary and independent control is to analyze what occurs in the battering relationship. Thus, obtaining detailed battering histories becomes essential in developing individual psychotherapeutic plans.

Several studies have pointed to the greater likelihood of learned helplessness developing in women than in men. Radloff (1975, in press) has developed a measure of reported symptoms of depression at the Center for Epidemiological Studies (CEJ-D Scale) at NIMH. Using this scale, she confirmed the previous findings of Gove and Tudor (1973), Chesler (1972) and others that women are more prone to depression than men. This is especially true for married women, whether or not they work outside the home. Radloff suggests that analysis of sex role stereotypes, psychological theories of depression, and epidemiological studies of marital status need to be integrated. She further suggests the applicability of the learned helplessness model (Radloff, 1975). It has been argued that women are more susceptible to learning independent response outcome from the rewards and punishments they receive while being socialized. It is also probable that helplessness is learned on a relative continuum. There may be different levels of learned helplessness that a woman learns from the interaction of traditional female role standards and individual personality development. The male/female diadic relationship is probably a specific area that is affected by this interactive developmental process. Battered women seem to be most affected by feelings of helplessness in their relationship with men. This is true for battered women who not only are housewives but also women with responsible jobs and careers. Many are well educated, ambitious and function in a superior manner in high status positions. However, when it comes to their marriage, or in other social relationships with men, they resort to traditional female sex role stereotyped behavior. They typically defer to the men to make decisions, even if they have manipulated the choices behind the scenes. Direct communication is conspicuously absent from the battering relationships studied to date.

After analyzing the battered women's versions of their battering relationships in my research and using some batterers and others involved in working with such violence for comparisons, a cycle theory of battering has been isolated. Rather than constant or random occurrences of battering, there is a definite cycle which is reported over a period of time. This cycle appears to have three distinct phases which vary in time and intensity both within the same couple and between different couples. The three phases are, the tension building phase, the explosion or acute battering incident, and the calm, loving respite. So far it has been difficult to discern how long a couple will remain in any one phase. Predicting the length of any one cycle is also not yet possible. There is evidence that situational events can influence the timing. Relationships that have lasted 20 or more years indicate several different cycle patterns corresponding to different stages of life. For example, the cycle seems to be shorter and more intense when there are young children and teenaged children present at home. After children have left, the cycle tends to be longer. Staying in phase 1, or the tension building phase of the cycle, is also more frequent when there is another person who lives in the home, besides the couple. There is also some evidence that interventions are more successful if they occur at one phase rather than another. Intervening in phase two or the acute battering incident often brings about injuries to the helper. The available data are still too limited to make any conclusions, but trends suggest the desirability of further investigation which will be funded by NIMH beginning in spring, 1978 (Walker, 1976b).

Phase one, or the tension building phase, is described as the one in which the tension begins to rise and the woman can sense the man becoming somewhat edgy and more prone to react negatively to frustrations. There can be little episodes of violence which are quickly covered. He may begin to lash out at her for some real or imagined wrongdoing and quickly apologize or become docile again. Many women have learned to catch these little outbursts and attempt to calm down the batterer through the use of techniques that have had previous success. She may become nurturing, compliant and anticipate his every whim; or, she may stay out of his way. She lets the batterer know she accepts his abusiveness as legitimately directed towards her. She believes that what she does will prevent his anger from escalating. If she does her job well, then the incident will be over; if he explodes, then she assumes the guilt. In order for her to maintain this role, the battered woman must not permit herself to get angry with the batterer. She denies her anger at unjustly being psychologically or physically abused. She reasons that perhaps she did deserve the abuse and often identifies with her aggressor's faulty reasoning. And this works for awhile to postpone the second phase or acute battering incident.

Women who have been battered over a period of time know that these minor battering incidents will get worse. However, to help themselves cope, they deny this knowledge. They also deny their terror of the inevitable second phase by attempting to believe that they have some control over their batterer's behavior. During the initial stages of this first phase, they do indeed have some limited control. As the tension builds, they rapidly lose this control. Each time a minor battering incident occurs, there are residual tension building effects. Her anger steadily increases even though she may not recognize or express it. He is aware of the inappropriateness of his behavior even if he does not acknowledge it. He becomes more fearful that she may leave him which is reinforced by her further withdrawal from him in the hope of not setting off the impending explosion. He becomes more oppressive, jealous, and possessive in the hope that his brutality and threats will keep her captive. Often it does.

As the batterer and battered woman sense the escalating tension, it becomes more difficult for their coping mechanisms to continue to work. Each becomes more frantic. The man increases his possessive smothering and brutality. Psychological humiliation becomes more barbed and battering incidents become more frequent and last longer. The battered woman is unable to restore the equilibrium. She is less able to psychologically defend against the pain and hurt. The psychological torture is reportedly the most difficult for her to handle. She usually withdraws further from him which causes him to move more oppressively towards her. There is a point towards the end of this tension building phase where the process ceases to respond to any controls. Once this point of inevitability is reached, the next phase, the acute battering incident, will occur. Sometimes the battered woman cannot bear the tension any longer. She knows the explosion is inevitable but does not know how or when it will occur. These women will often provoke an incident. They do not do it in order to be hurt. Rather, they know they will be abused no matter what and would prefer to get the incident over with. Somehow, these few women reason, if they can name the time and place of the explosion, they still will have retained some control. They also know that once phase two is over, the batterer will move into the third phase of calm, loving behavior. Thus, their reward is not the beating as the masochistic myth would have it, but rather a kind, loving husband for even a short period of time.

During phase two, the batterer fully accepts the fact that his rage is out of control. The battering behavior in phase one is usually meted out. The battering incident in phase two may start out with the man justifying his behavior to himself; however, it usually ends with his not understanding what has happened. In his blind rage, he usually starts out wanting to teach her a lesson and doesn't want to inflict any particular injury on her. He stops only when he feels she has learned her lesson. Most victims report that to fight back in the phase two incident is only to invite more serious violence. Many women, however, have been damming up their anger in phase one and they only feel safe letting it out during the second phase. They know they will be beaten anyway. The women describe the violence that occurs during this period with great detail, almost as if they are dissociated from what is happening to their bodies. The batterers cannot describe the details very well at all; rather, they describe what the woman did to lead up to their losing control. Again, the batterer places responsibility for the incident upon the woman.

Phase two is the most violent of the cycle. It is also the shortest. There is a high incidence of police fatalities when intervening at this time. So too for therapists. It is important to acknowledge the self-propelling nature of the violence during this phase when helpers try to intervene. Since the women report that only the batterer can end this phase, the most important need they have is to find a safe place to hide from him. Why he stops is still unclear. Perhaps he becomes exhausted. Battered women describe incidents which have no ground or reason. It is not uncommon for the batterer to wake the woman from a deep sleep to begin his assault. Although most were severely beaten by the time phase two was over, they are usually grateful for its end. They consider themselves lucky it was not worse, no matter how serious their injuries. They often deny the seriousness of their injuries and refuse to seek immediate medical treatment. Sometimes this is done to appease the batterer and to make certain phase two is really finished and not just temporarily halted.

The ending of phase two and movement into phase three is welcomed by both parties. Just as brutality is associated with phase two, the third phase is characterized by extremely loving, kind and contrite behavior. It is during this third phase of the cycle that the battered woman's victimization becomes completed. Her man is genuinely sorry for what he has done, even if he does not overtly tell her so, and tries with the same sens of overkill seen in the previous phases, to make it up to her. His worst fear is that she will leave him and he is charming enough to attempt everything to make sure that this doesn't happen. He believes he can control himself and that he never again will hurt this woman whom he loves. He manages to convince all concerned that this time he really means it -- he will give up drinking, dating other women, visiting his mother, reducing the workload on the job, or whatever else affects his internal anxiety state. His sincerity is believable.

The battered woman wants to believe that she will no longer have to suffer abuse. His reasonableness supports her belief that he really can change, as does his loving behavior during this phase. She convinces herself that he can do what he says he wants to do. It is during phase three that the woman gets a glimpse of her original dream of just how wonderful love can be. This is her reinforcement for staying in the relationship. The traditional notion that people who really love each other will overcome all kinds of odds against them prevails. She chooses to believe that the behavior she sees during phase three signifies what her man really is like. She identifies the "good" side of this dual personality with the man she loves. The "bad" or brutal side will disappear, she hopes.

Since almost all of the rewards of being married or coupled occur during phase three for the woman, this is the time that is most difficult for her to make a decision to end the relationship. It is also the time during which helpers usually see her. This is especially true for crisis intervention. When she resists leaving the marriage and pleads that she really loves him, she bases her reference to the current loving phase, rather than to the previously painful phases. She hopes that if the other two cycles can be eliminated, the battering behavior will cease and her idealized relationship will magically remain. If she has already been through several cycles previously, the notion she has traded her psychological and physical safety, and maybe that of her children, for this temporary dream state adds to her own self hatred and embarrassment. Her self image withers as she copes with the awareness that she is selling herself for the few moments of phase three kind of loving. She, in effect, sees herself as an accomplice to her own battering. The length of time this phase lasts is not yet known. It seems as if it is longer than phase two yet shorter than phase one. In some cases it is so brief that it almost defies detection. There does not seem to be any distinct end to this phase, and before they know it, the minor battering incidents and tensions begin to build again and the cycle begins anew.

The implications for treatment alternatives for battered women and their families are profound when social learning theories are adopted as psychological constructs. Both the learned helplessness theory and the cycle theory of violence assume social learning constructs as their underlying theories. In designing psychotherapy and counseling programs, behavioral and cognitive changes are encouraged, while motivation and emotion are expected to follow. Safety becomes the number one priority. Killing and being killed are real possibilities. Good psychological intervention, however, can make a difference.

The research that I have conducted has isolated some common characteristics of battered women and their offenders. The battered woman in the study commonly:

1) Has low self esteem.
2) Believes all the myths about battering relationships.
3) Is a traditionalist at home with strong beliefs in family unit and the proscribed feminine sex role stereotype.
4) Accepts responsibility for her batterer's actions.
5) Suffers from guilt yet denies the terror and anger she feels.
6) Presents a passive face to the world but has strength to manipulate her environment to sometimes prevent further violence.
7) Has severe stress reactions with psychophysiological complaints.
8) Uses sex as a way to establish intimacy.
9) Believes that no one will be able to help her resolve her predicament except herself.

The batterer, according to the women in the sample commonly:

1) Has low self esteem.
2) Believes all the myths about battering relationships.
3) Is a traditionalist believing in male supremacy and the stereotyped masculine sex role in the family.
4) Blames others for his actions.
5) Is pathologically jealous.

6) Presents a dual personality.

7) Has severe stress reaction, during which he uses drinking and wife battering to cope.

8) Uses sex as an act of aggression, frequently to enhance self esteem in view of waning virility. He may be bisexual.

9) Does not believe his violent behavior should have negative consequences.

Battered women report that they typically do not come from violent homes. Rather they report being treated as "daddy's little girl" in the typical feminine sex role stereotype. Batterers, on the other hand, frequently come from homes that are described as being abusive. Many of the batterers saw their fathers beat their mothers. Others were beaten themselves. In those homes where overt violence was not reported, a general lack of respect for women and children was evident. Emotional deprivation was often experienced by these men. These reports support the notion of a generational cycle theory that is so popular in our child abuse literature today. This means that those people who were abused, or witnessed abuse, as children will have a greater likelihood to grow up to be tomorrow's abusers.

The women also report that their batterers have unusual relationships with their mothers. It is often characterized as an ambivalent love/hate relationship. The batterer's mother seems to have an unusual amount of control over his behavior: yet, he will often abuse her too. In fact, many women report that acute battering incidents are triggered by a visit to the batterer's mother. Many battered women report after an acute battering incident, that they will go to the batterer's mother for assistance. Included in this study are several reports from women who were battered by their teenaged sons. I am acutely aware of the damage that psychology has done to cast mothers in a negative light for being responsible for the emotional ills of their children. Yet we must look carefully at the role of the batterer's mother in this problem. Also, we must look at the role of the batterer's father and the father/son relationship.

Psychological distress symptoms were often reported in batterers, particularly prior to an acute battering incident. Alcohol and other drugs were often said to calm his nervousness. Although many of the men seemed to have a need for alcohol, few of them were reported addicted to other drugs. In those several cases, the men were reported to have become addicted to hard drugs while in the military, particularly while serving in Viet Nam.

Personality disorders were frequently mentioned by the women. They said their batterers had histories of being loners and not really socially involved with others except on a superficial level. The men were constantly accomplishing feats that others might not be able to do. They loved to impress their women with such abilities. These men are described by their battered women as having extreme sensitivity to the nuances in other people's behavior. They attend to minimal cues from others that give them the ability to predict their reactions faster than most of us can. Thus, they are helping their women to deal with others in their world when they share their usually accurate predictions of others' behavior. When these men decompensate under stress, this sensitivity becomes paranoid in nature. They are ever vigilant in guarding off potential hostile attacks. This is useful behavior for the battered women in that they tend to be much more gullible and trusting of others. Much of this seemingly self protective behavior becomes homicidal and suicidal when the violence escalates beyond the batterer's control.

Many of the battered women suggested a relationship between neurological disorders and violence. They felt their husbands' violent behavior approximated some kind of brain seizure. The most common disorder discussed was psychomotor epilepsy. Sometimes an aura or feeling of impending attack is identifyable but usually the precipitation is unknown. Medication may be useful in controlling onset and frequency of such attacks, although a cure has not been found. Neurologists are studying the relationship of such brain diseases and violence. It is interesting, though, that only men would be afflicted, leading me to speculate that if any relationships are found, they will only be in specific cases and not generalizable to all batterers. Further support for neurological or blood chemistry changes in batterers is found in the geriatric population. Older women report dramatic changes in their husbands' behavior as they age. Senility or hardening of the arteries can cause previously nonviolent men to begin to abuse their wives. One 68 year old woman told of her 70 year old husband's attacking her with his cane. Other stories indicate the cruel turn of fate that can happen to a woman who has devoted her life to pleasing her husband only to find that his aging brings with it organic brain syndromes that can cause violent abuse.

Battered women and their families have traditionally sought the services of psychotherapists in this country. As is true for other helpers, professional psychotherapists, including psychiatrists, psychologists, social workers, and psychiatric nurses have been inadequate in helping the battered women. The women who were interviewed report that most therapists refuse, directly or indirectly (usually by omission), to deal specifically with acute battering incidents. Instead, they concentrate on psychological consequences that such incidents produce. It is to be expected that women who have been abused repeatedly will have enough psychological symptoms to keep a therapist busy. Many psychotherapists interviewed have admitted not realizing that their clients were being brutally beaten over long periods of time. Such failure to identify battered women becomes even more frequent when the results of the violence have not been severe. Psychotherapists have been trained to believe that victims often provoke their assault. Nowhere has this been more true than in dealing with the psychological aftermath of violent crimes against women. Psychotherapists, often inadvertently, have added to the woman's loss of self esteem by joining in the conspiracy of silence around battering incidents and by concentrating on women's provocative nature when such incidents are revealed in therapy sessions. It is no wonder, then, that most of the battered women interviewed felt psychotherapeutic intervention was not useful for them.

Battered women have related stories of being treated as though they were engaged in "crazy" behavior. They told of seeking psychotherapy for their batterers only to be told it was their problem. Many women in the sample were involuntarily institutionalized. Others spoke of voluntarily seeking admission into a mental hospital in order to escape temporarily from the battering situation. In several cases the women were given so many shock treatments that their memorys were impaired permanently. Other women were diagnosed as paranoid schizophrenic, evidenced by their suspiciousness and lack of trust of people they feared might say the wrong thing to their batterers. In a paranoid way, they concealed their actions, wrote and stashed away secret messages on tiny pieces of paper, and they constantly worried about manipulating other people's behavior so as not to upset the batterer. Rarely do these women report that they discussed the fact that they were being brutally beaten at home. In those cases where the women report that battering behavior became a topic of discussion in their treatment, the purpose was always to discover what they were doing to provoke this kind of abuse. The assumption was always that the woman needed to be beaten in order to expiate her alleged sins. Others in the sample reported being treated for serious depression, which no doubt served to protect them from the constant level of stress in their unpredictable lives. For too many women their justified and perhaps motivating anger was mellowed by indiscriminate use of tranquilizers. The acute stress reaction these battered women were experiencing was instead diagnosed as more serious emotional disturbances. This probably occurred because the environmental situation was not considered seriously enough by those psychotherapists providing treatment.

Many battered women's coping techniques, learned to protect them from further violence, had been viewed as evidence of severe intrapsychic personality disorders. These women suffered from situationally imposed emotional problems due to their victimization. They do not choose to be battered because of some personality defects, but they develop behavioral disturbances because they live in violence. My proposal for further systematic research into battered women's personalities will be funded by the National Institute of Mental Health in 1978. The goal of this project will be an assessment of both the strengths and the weaknesses in battered women as compared to women who have not lived in violence. Such data, hopefully will end the myths and misinformation that have perpetuated some psychotherapists' attitudes. Some psychotherapists, however, have begun to work with battered women and their families using the new information we have begun to gather about battered women. It is because battered women are telling their stories and are being believed by mental health professionals that progress in this area is occurring.

Psychotherapy has generally emphasized the value of keeping families intact whenever possible. In working with battered women, however, breaking the family apart must be encouraged. The major difficulty in providing psychotherapy is that most battered women want the therapist to stop the batterer from abusing them, but they do not want to break up the relationship. The women are as dependent upon their men as the men are dependent upon them. Their relationships become symbiotic; neither one feels as though he or she can live without the other. In a sense, each person in the relationship is incomplete. This creates a kind of bonding between the two that becomes terribly difficult to separate. Psychotherapy modalities which strengthen the battered woman's successful coping strategies while helping her overcome her sense of powerlessness are effective techniques. Supportive psychotherapy during the separation and divorce period has proven to be most successful. Rarely do battered women who have received such therapy get involved with another battering relationship. Although the kinds of psychotherapy modalities vary in technique and scope, the goals remain constant. Current behavior is the focus, although exploring the past is sometimes helpful in interpreting present problems. It is important to clarify the ambivalent feelings of the battered woman. They center around issues of love and hate, anger and passivity, rage and terror, depression and anxiety, staying and leaving, omnipotence and impotence, security and panic, as well as others. A combination of behavioral, insight oriented feminist therapy has proven to be the most effective therapeutic approach. Although different therapeutic modalities are numerous, those with the best reported success with battered women today are crisis intervention, individual psychotherapy, group psychotherapy, and in a limited number of cases, couples therapy.

II. Specific behaviors and skills needed by therapists who provide psychotherapy for women victims of violence.

Crisis Intervention

Crisis intervention techniques are often very appropriate for intensive therapy after an acute battering incident. Battered women or batterers are usually concerned about their lack of control to want to understand and change their behavior. Crisis therapy usually focuses on a specific critical incident. The goal is to teach the client how to resolve possible future crises by applying conflict resolution techniques to the present crisis while motivation is still very high. This is the one time that battered women are consistently able to persuade their batterers to come into psychotherapy treatment. He too is afraid of the uncontrollable rage he has just experienced. In using crisis therapy with battered women, it is important to label the women battered. The use of denial is a typical coping mechanism which prevents them from considering action. It is important to document the details of the battering incident that she reports. If bruises are noted, they too should be documented. It is also helpful to take instant colored pictures of the woman's bruises in case she needs them for a possible court appearance. The battered women interviewed stated that it became easier to tell a crisis worker the details of her experience when the worker asked specific questions and did not appear squeamish when told of gory details.

In interviewing the batterer, crisis workers must be sensitive to their difficulty in reporting the details of an acute battering incident. From the batterers that I have worked with, I have learned that they find it difficult to discuss anything other than what the battered woman did to deserve such a beating. They seem to need to justify their violent behavior by concentrating on the details of what led up to their loss of control. Most justify their violence by saying the women deserved it. Some go so far as to insist that they were justified in their brutality because it was their role to teach her a lesson. Crisis workers need to focus the batterer's rationalization by stressing his violent behavior and its consequences. Immediate psychotherapy techniques should be used to teach the batterer ways of controlling his anger.

The women and men should be seen individually unless, in the judgment of the therapist, there is little likelihood of further battering. Then some time in a joint therapy session is permissable. This rarely is the case. The therapist should not expect much trust initially. The stories of the battered women who were interviewed indicate that they have little reason to trust a therapist. At least two to three hours need to be set aside when interviewing a battered woman on a crisis intervention basis. Once they begin to tell their story, battered women need the time to share it all. They have often held back for so long that when they find someone who is genuinely interested, they cannot stop until their story is told. This contradicts previous beliefs that too much sharing is said to be discouraged in an initial session for fear the client may be unhappy about losing control. It is more difficult to get the man to talk initially. For them, it may take several sessions before they willingly share their stories. It is important to help the battered woman and her man follow through in making changes wherever possible. However, it is more important to understand the women and accept their ambivalence in making positive changes in their lives immediately. Although some battered women are ready to utilize crisis therapy and make immediate changes in their lives, most need more time. Thus, crisis intervention therapy, which is designed to be intensive and short term in nature, is usually only a beginning in the psychotherapeutic process for battered women.

In providing crisis intervention services the first thing that needs to be done is to recognize who the battered woman is. During initial intake, routinely ask about the marital or other intimate relationship. Then ask, "Have you ever been physically or psychologically battered?" If the answer is "no" and you still suspect she is being battered, follow up by asking, "Have you ever felt like you might be battered?" or, "Do you ever do things your husband asks simply because you are afraid of what he might do if you refused?" "When was the angriest you remember your husband?" "Does your husband ever accuse you of playing around with other men?" "What kind of things do you not tell your husband about for fear of upsetting him?" "What does he do if he is upset with you?" "What do you do if you are upset with him?" "How do you show your anger towards him?" "How does he show his anger towards you?" "Do you ever feel as though you have no privacy from your man?" "What kinds of things do you do just to avoid a fight?" etc.

The more direct you are in your questioning, the easier it becomes for the battered woman to tell you about her abuse. It is as though you are giving her permission to discuss it with you. Again, do not accept her denial too easily, but rather, continue to probe gently until you are certain she is does not wish to discuss it with you or she really is not being battered at this time.

Once it is determined that your client is a battered woman, focus on getting a history of the abuse. This includes the number and length of cycles, the seriousness of the battering incidents, your client's perception of her own control of the batterer's behavior. Try to determine if there is a pattern of what may trigger an acute battering incident. If so, can your client identify such a pattern? Does your client have a way of coping with the abuse? Has she threatened or actually separated from her man? It is important to get the details of two or three acute battering incidents. I usually ask for the most recent acute battering incident, the most typical battering incident the woman can report, and an early battering incident. This gives the therapist a better idea of how the battering behavior has progressed or changed over time. Try to help the client separate out what she may have legitimately done to incite the batterer and what is clearly his responsibility. This must be done in a non-judgmental manner. Ascertain what her resources and skills are for coping with another acute battering incident. Where in the cycle does she see their relationship now?

To what detail is the client angry? Does she recognize her anger? How and when does she use denial? How guilty is she? How omnipotent is the batterer to her? How dependent is she on the batterer? Try to determine whether this dependence is psychological or economic, and what her resources are for living independently. What is the risk to the client in continuing visits to a therapist? How can you minimize the risk for her? You may need to set up different kinds of procedures for this woman. For example, one battered woman whom I saw in therapy needed flexible appointment times so that no one would question the regularity of her coming and going. Another woman needed a steady, fixed time that she could cancel if a problem in her getting out of her house arose. Therapists must be much more tolerant of such emergencies when treating battered women. Payment procedures and telephone calls also need to be set up in advance so as not to jeopardize the battered woman's safety.

Determine whether or not your client wants to leave this relationship now. Determine the degree of ambivalence she has if you can. Explore her fantasies of what it would be like to live alone. Give her telephone numbers of appropriate resources in case she has an emergency. Run through a rehearsal with her of how to make contact with these agencies. Begin planning short term and long term goal setting together. It is important to help the battered woman follow through wherever possible but also to understand and accept her ambivalence in making positive changes in her life. Although some battered women are ready to utilize crisis therapy, most need more time.

It is also important to discuss the kind of record keeping that is imperative when working with battered women and their families in a crisis intervention modality or other therapeutic styles. This is necessary because of the possibility of legal action in these cases. Needless to say, confidentiality is absolutely essential in working with such cases. It cannot be assumed that such confidentiality will normally be attended to. Rather, a vigilant approach is essential on the part of the therapist.

It is useful to design a face sheet to be placed in records of identified or suspected battered women clients and their family members. Include a history of actual or suspected abuse. Get the details of the most recent acute battering incident in addition to other incidents. If the client has shown up with bruises, enter that in the record and get color photographs if at all possible. Verbally describe her physical and emotional state in clear, concise, and vivid terms that a jury would understand. Do not record her statements of guilt unless you can determine that she was, in fact, responsible for the incident and not acting in response to his brutality. Most battered women are confused about what role they play in percipitating the attack. It is useful to clarify this before writing it in a record. If she describes futile attempts at self defense, include these remarks. These can be important legally in order to establish that the usual means of self defense do not bring about a cessation of battering.

Give your expert opinion of the potential lethality in this relationship. State clearly that you believe this to be a battered woman. Do not keep working notes in the records if they could be damaging legally. Hypotheses and suspicions belong someplace else, not in the official record. All records need to be examined for potential misinterpretation and possible harm to clients. If your client is the batterer, put such information in the record that could be helpful to an attorney that could indicate his psychological distress. If you suspect he may harm his woman, document your opinion and warnings to all parties concerned. Clear, concise, and carefully written records can make the difference for your client if he or she becomes a defendant in a court case. It is important that all therapists and counselors accept the responsibility that they may need to testify in order to help their client become free from a violent relationship.

Individual Psychotherapy

Most women seek a therapist during the first phase of the battering cycle. They recognize the rising tension and feel the inevitability of the forthcoming acute battering incident. They usually believe that if they could rid themselves of their provocative behavior, their batterers would become model phase three men. They ask the therapist to teach them new techniques to cope with the battering behavior. The battered women who seek therapy often do so at a greater personal risk than they who enter treatment at a crisis intervention state. Most do not dare tell their men that they are in therapy initially, although they eventually do. They sometimes assume another name to preserve anonymity and invent excuses to account for their movements during therapy sessions.

The therapist can help her express her guilt by having her recount the details of battering incidents in which she could not stop her own battering. The feminist therapy approach, which tries to separate the woman's personal issues from common issues shared by other victimized women, is most effective. It is essential to confirm society's lack of adequate help for her, but also to be encouraging about the potential for change. Control of anxiety may be accomplished through relaxation training, hypnosis, or recommending that the battered woman join a health club to focus on positive body feelings. The one area over which the battered woman does have total control is that of her body. Thus, it is important to begin to build self esteem and a sense of power through using body exercises. It is also important to help the battered woman recognize and control her anger. She should be encouraged to experience anger each time it occurs, rather than suppress it and releasing it all at once, perhaps triggering an acute battering incident. The difference between feeling anger and expressing it must clearly be underscored. It does the battered woman no good to feel her anger and then express it to her batterer. Generally it gets her another beating. Rather, she needs to be taught to feel her anger, control it, and utilize it to help propel her out of the battering situation.

The realities of present alternatives and future goal planning are explored in individual therapy. The battered woman needs to recognize concrete steps she can take to improve her situation. Like Seligman's dogs, she must be dragged over her escape route numerous times before it can be expected that she will be capable of doing it on her own. If the therapist encourages her to utilize the legal systems for remedies, she must be prepared to advocate for the battered woman during these procedures. Intervention and collaboration with other helpers is an important corollary to individual psychotherapy. This may mean contacting an attorney, the district attorney, social service worker, rehabilitation or vocational counselor, or whomever else may be involved in helping the battered woman remedy her situation. If she chooses to use the court system for remedy, accompanying her client or volunteering to testify in her behalf are important tasks an individual psychotherapist can undertake. Keeping adequate records facilitates this process.

If the battered woman's goal is to remain with the batterer, even temporarily, then therapeutic goals towards strengthening her independence within the relationship becomes important. Career goals need to be explored. Reinforcing the positive in the battered woman's life using successive approximations from minimum to maximum independence is important. Progress is slow, and patience is necessary. Individual therapy concentrates on the present but may use the past to promote understanding of the current situation. The therapy is more action oriented than analytic as unstructured psychoanalysis is too risky. The battered women interviewed all stated that psychoanalysis did not help resolve their battering situations. In fact, in many instances, its emphasis on self analysis served to perpetuate their victimization and their abuse. As therapy progresses, other adjunctive therapy can be recommended, such as assertiveness training, parent education, vocational counseling, and in some cases couples therapy.

Group Therapy

Group therapy is another therapeutic format for battered women. It has some benefits over individual therapy. Battered women are usually isolated and rarely meet other battered women. They have few friends in whom they can confide. A group composed of all battered women thus can be an extremely therapeutic experience. Such a group combines the best of the consciousness raising groups with the expertise of preferably two therapists who are familiar with the group process. It is difficult for private psychotherapists to provide groups of battered women because they usually do not see enough battered women to form a group. However, a number of agencies are conducting women's groups for victims. Usually six to 12 women and two therapists make the best combination in group therapy. It is often necessary to provide individual appointments during crises that occur for group members also. This is one reason for having two therapists working together in the group. Women describe having derived a sense of strength from all of the other group members that is more difficult to provide on an individual basis. Therapy is action oriented with a focus on changing behavior. Group norms are established that make behavior change imperative in order that the battered women continue to feel supported by the other women.

It has been found that two different kinds of groups are needed when working with battered women. These groups have been identified as a first stage group and a second stage group, each needing different therapeutic techniques and having different therapeutic goals. First stage groups tend to be more crisis oriented in nature. They generally include women who are beginning to leave the relationship with their batterers. Thus, some women in the first stage group may already have left home, whereas others may still be in the process of leaving. First stage groups usually meet over a period of several months. Members depend upon one another for emotional as well as informational support. It is common for one member to assist a new member in criminal justice and social service agency procedures, or sometimes, the mundane details of how to select and move into a new apartment. Group members are encouraged to exchange telephone numbers and are available to help one another on any issue. In one group that I have been associated with, the women call one another in order to determine whether their problem is of significant magnitude that it warrants an emergency call to the mental health center. Such consensual validation encourages battered women to make better use of services that are available to them. It also strengthens their own individual judgment. The group therapists take an aggressive role in encouraging women to action whenever appropriate.

In one group in Seattle, an advocates division has been established to help women victims use the criminal justice system. This also occurs in an outpatient clinic in Denver. This is necessary to help battered women overcome the immobilization that their terror brings. As women witness other women successfully making changes, they are more likely to try them themselves. This is true whether the groups meet on an outpatient basis in a community mental health center or are conducted in a women's resource center or a battered women's shelter.

Very recently there have been attempts to provide group therapy services for batterers. In several mental health centers male therapists have offered group treatment for male offenders. The therapeutic techniques are still experimental, but the psychotherapists report exciting results. One of the most significant changes is that the men who attend group therapy sessions are less likely to become depressed, suicidal, or psychotic during therapy treatment. This is true even though men fully expect their participation in group therapy will keep their women from leaving them. In cases where the women are in one group and the men are in another group, each receives a sufficient amount of psychotherapy to permit them to break the symbiotic bonds and begin new relationships without using coercive techniques.

In Tacoma, Washington, the American Lakes Veterans Administration Hospital is in the process of creating an inpatient men's unit for batterers. Dr. Ann Ganley, the unit psychologist, states that many batterers are admitted to their hospital with acute psychotic episodes. This often occurs after the battered woman leaves him. Dr. Ganley and her staff are attempting to develop psychotherapeutic techniques which will be successful in eliminating the batterers' need to behave in a violent manner. Recognizing his impending tension and anger and then utilizing hypnosis or biofeedback techniques to teach control has been proposed as an adjunct to psychotherapy.

There is often a risk factor for psychotherapists who lead these groups. Some batterers have indeed unleashed their rage on the therapist. One group was held at knifepoint for several hours before being released. Another group had a car driven through their front door. Other terrorizing threats have been reported. Perhaps one of the most terrorizing incidents occurred during a group therapy session at a mental health center with whom I consult. The group was subjected to watching a man batter his woman outside on the street while their group was going on. Despite the fact that they called the police, the beating continued what seemed to be an interminable amount of time. For the psychotherapists this incident taught them the experience that their clients have lived. Fortunately, their sensitivity and expertise helped the women use this experience as a way of dealing with the psychological aftermath that each had suffered from their own batterings. Psychotherapists who work with battered women must be prepared to deal with this kind of trauma. The reports of batterers banging on their doors, kidnapping their children, terrorizing them with guns, and committing suicide are daily problems faced in group therapy sessions. This is especially true for stage one group therapy.

In stage two groups the immediate crises are less frequent. It is in these groups that the women learn to rebuild their lives without interference from their batterers. Once the trauma and emergency nature of life diminishes for battered women, they must learn to deal with the problems that plague most single women. They must learn to adjust to being alone without slipping into more serious depression. They need to structure their lives in a way to bring them maximum satisfaction. They need enormous support in coping with children who have been badly emotionally scarred by their experiences in a violent home. They need to learn to trust men again. Issues of dating again become important in working with second stage groups. Developing male and female friendships is also stressed. Many battered women need to learn interpersonal relationship skills that they have lost through their ordeal in living with a batterer. They need to learn how to deal with anger and begin to develop assertiveness in their interactions with other people. Changing faulty behavior patterns and unnecessary attitude expectations is a major job in group therapy during the second stage. Working together with women in such a group has been particularly rewarding. The primary goal of such psychotherapeutic intervention is to strengthen the battered woman's self esteem and help develop her skills so as to permit her to take the necessary action to protect herself so she is never battered again.

Couples Therapy

Couples therapy is a therapeutic technique that most psychotherapists, helpers, battered women, and batterers count on to make everything all better. Battered women particularly feel that if they can get their men to participate in therapy, then they will stop their abusive behavior. This assumption is not necessarily true. Very few traditional couples therapy techniques apply to battering couples. Many of these methods include teaching couples how to fight fairer and better (Bach, 19). I am in total disagreement with these techniques as battering couples do not need to learn new fighting behavior. Rather, they need to learn to control their anger. Non-fighting techniques need to be stressed instead. Another difficulty with traditional couples therapy techniques include the goal of helping the relationship become better. Thus, individual needs are subordinated to the survival of the relationship. With battering couples, the survival of the relationship is secondary. The goal is to strengthen each individual so as to build a new, healthier relationship. Success is achieved if the individuals are strengthened even if the relationship cannot survive.

Recognizing the need for new treatment techniques for couples therapy, my husband, Dr. Morton Flax, a psychologist, and I developed a procedure which has been successful in limiting the severity of battering incidents. Our treatment has not as yet eliminated battering incidents completely. This procedure is based on the cycle theory of battering and utilizes a behaviorally oriented communication training approach developed by psychologists Robert Weiss, Hyman Hops and Gerald Patterson(1973) at the Oregon Research Institute. Most couples in a battering relationship have extremely poor communication skills. Their verbal and nonverbal communication is fraught with distortion and misinterpretation. They continuously engage in making assumptions about the other person's behavior that may be inaccurate. The relationship has unusually strong bonds that need to be broken before new communication patterns can be established. It is therefore more important to work on the two individuals within the relationship rather than dealing with the relationship itself. Ultimately, the goal is interdependence for each.

Our treatment procedures begin with clearly stating that the couple is seeking psychotherapy because the man is a batterer and the woman is a battered woman. These labels help overcome the denial of the serious nature of the violence they experience. Male and female co-therapists must work with the batterer and the battered woman, respectively. Initially, the men and women work separately, and the couples live apart. After a short period, upon the advice of their respective therapist, they are allowed to move back together, and they begin joint therapy sessions. These joint sessions are occasionally supplemented with individual therapy when appropriate. The issues discussed in therapy deal with strengthening each individual so that the relationship becomes free of all coercion. We begin by teaching the couple a signal that they must use with each other when either one begins to feel the tension rising in phase one of the cycle. Often this takes a lot of work in teaching the couple to recognize their own cues. Once they learn to feel their tension at minimum levels, we can begin to prevent the tension build up that causes an acute battering incident. We have used a hand signal in the shape of a little "c" and a simultaneous verbal message that has been most successful. Thus, one or the other signals his or her partner by saying a prearranged signal (in most cases our couples have chosen "Walker-Flax" as their verbal reminder) and simultaneously flashing a little "c" signal. In addition to providing a neutral stimulus to mean, "Stop whatever you're doing immediately because it is causing me to become upset," the prearranged signal keeps the batterers hands from reaching to touch the battered woman, and the verbal command prevents threatening words from being uttered. Upon receiving this signal, our clients are taught to immediately cease the offending behavior and not to discuss it for a prearranged period of time. We usually find "time out" periods of one-half hour to be most beneficial. However, if it takes longer than a half hour for the anger to subside, we allow another "time out" period before discussion begins. If the couple is unable to discuss the incident without anger rising, they are instructed to write it down and bring it to the next therapy session, where the four of us will analyze the situation and problem solve together.

In the beginning of couples therapy treatment, the therapist must assume control over the batterer's and the battered woman's behavior. They must contract with their therapist not to engage in violent behavior without first attempting to contact their therapist. We have arranged to have our couples call us once a day initially to check in and report of the behavior for the day. As treatment progresses, this daily contact is reduced. However, initially it serves the purpose of helping each control their anger. It prevents the woman from using denial and ignoring her response during phase one tension building, and it teaches the man that he has alternatives to coerciveness and can prevent violent reactions.

During couples therapy, the couples learn how to ask for what they want from one another without being limited by often erroneous assumptions. They are taught to recognize their own behavior patterns in their unique battering cycles so that they may become aware of the danger points. Contingency reinforcement mangement procedures are employed, as are individual reinforcers for battering free time periods. Natural reinforcers are strengthened. Therapy time is spent strengthening the positive and dissecting the negative to prevent explosions in the future. Behavior rehearsals, psychodrama, modeling, and role playing are techniques that are used. We use mirrors, audiotapes and videotapes in order to demonstrate inconsistencies between verbal and nonverbal behaviors.

Such psychotherapy is time consuming, expensive, and exhausting for both the couple and the therapist. Initially, the couple becomes extremely dependent upon the therapists in order to prevent further violent incidents. As the dependence lessens, so does the potential for new explosions. It has become impossible for us as therapists to have more than two such couples in treatment at any one time. We have been unable to introduce this kind of couples therapy into mental health center and clinic programs, because of the cost factor involved. Thus, it has limited potential.

Although problems do exist with this type of therapy, couples benefit. They attend regularly and life is better for them. The women do not work as rapidly towards independence as they do in individual or group therapy, but they lose the pervasive terror that immobilizes them, and they learn to express anger more constructively. The men learn to be more assertive too, asking directly for what they want without having to threaten the woman if she does not satisfy him. They also are better able to cope with their periodic depression. As difficult as it is, couples therapy is a viable treatment alternative for battered women and their partners. However, it must only be used in cases where both insist on keeping the relationship together.

III. Attitudes and values needed for good psychotherapeutic intervention with victims of violence and their families.

Battered women and their batterers have been identified and available for psychotherapy intervention only recently. The modalities discussed are only a beginning. The goal in all is to promote interdependence so that psychological and physical battering ceases. The most effective means to reach this goal is when the couple separates from one another. Other treatment alternatives provide some relief. Women who are battered are victims. Psychotherapeutic interventions are now beginning to deal with the affects of victimization. In addition to competent psychotherapeutic training in specifically working with battered women and their families, the minimal competencies required to provide psychotherapy includes specific attitudes and values. Such therapists must: 1) support women who have been victimized; 2) not accept stereotyped myths about battering relationships; 3) appreciate natural support systems in the community; 4) be willing to help create new support systems; 5) be willing to cooperate and untangle bureaucracy for unskilled clients; 6) collaborate with other professionals; 7) deal with their own fear of violence; 8) understand how institutions do oppress and reinforce women's victimization; 9) be willing to be a role model for their clients; 10) be willing to deal with complicated cases; 11) appreciate the work of non-credentialed paraprofessionals; 12) be able to formulate their own outlets for anger; 13) tolerate client's anger; 14) tolerate horror stories and terrorizing events; 15) allow their client to work through her issues without pushing too fast; 16) allow clients to return to a violent relationship without becoming angry with them; 17) have respect and belief in people's capacity to change and grow; and 18) hold feminist values.

There has been a body of knowledge that demonstrates that women have often not received adequate psychotherapeutic intervention due to sexist attitudes held by psychotherapists (Report by the Task Force on Sex Biased Psychotherapy). I strongly recommend that at this time only women psychotherapists treat battered women. Battered women are similar to rape victims in that they respond more easily to a female therapist who is trained to understand the effects of such victimization. Battered women need to learn to trust other women as competent strong professionals. The role model that such a woman therapist provides for the battered woman facilitates therapy. It is also useful not to have the added complication of relating to a male therapist in a seductive or manipulative manner as most battered women are accustomed to doing. Women can share intimate problems with other women in a way that facilitates therapeutic progress. While it is not impossible to do this with a male therapist, treatment takes longer. It is also important that the woman therapist has had some recent training in working with battered women. As is evident from this paper, new research has caused us to view previous psychotherapeutic modalities as inadequate for working with this particular population. Psychologists are required to spend varying amounts of hours in continuing education courses each year in order to renew their licenses to practice psychotherapy in most states. Other mental health professionals must do the same. This requirement means that already licensed professionals will have the opportunity to learn new techniques from a feminist perspective that will permit them to provide the kinds of psychotherapy I have outlined in this chapter. Newly trained psychotherapists have the opportunity to study the problem of battered women during their training period. While this has not been widespread, I am confident that the beginning efforts will be expanded so that battered women and their families will receive the kinds of psychotherapy that will eliminate violence from their lives and prevent it from occurring in the future.

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Battered Women and Learned Helplessness

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"Battered Women and Learned Helplessness"

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It has become increasingly apparent that the family, especially the nuclear family, is not at all the expected placid, tranquil refuge; rather, it is a fertile ground on which violence can and does occur. In the spring of 1975, I began to interview battered women in order to learn more about violent behavior between couples. The first few women came from my private clinical psychology practice. Then several women students volunteered. Colleagues on the Rutgers Medical School faculty where I was formerly associated, referred others. When I relocated in the Denver area, word of mouth, produced many more volunteers. To date, through additional newspaper and media publicity, helping service professionals, women's groups, other agencies and individuals' support, I have gathered over 100 non-structured interviews from battered women. This includes women from all over this country and England whom I've met in my travels during these past two years.

There is much to be learned from the stories of these battered women. Estimates of demographics (Walker, 1977), details of the interviews (Walker, In Preparation), suggestions for further research (Walker, 1976b), debunking myths (Walker, Schreiber & Flax, 1976), hypothesis and theory building (Walker, 1976a), and implications for treatment alternatives (Walker, In Press; Walker, & Flax, In Preparation; Flax, 1977).have previously been reported. This paper will address a psychological rationale for why the battered woman becomes a victim, how the process of victimization further entraps her resulting in psychological paralysis to leave the relationship. This psychological rationale is the construct of learned helplessness.

A theoretical parameter of this paper concerns the concept of learned versus innate nature of aggression. The belief that people have innate violent tendencies which cause behaviors such as "territorality" (Tiger, 1969) and an instinct towards aggressive behavior (Lorenz, 1963) which must be constructively channeled or it will destructively explode (Freud, 1932) is not accepted as a testable theory for purposes of understanding battered women and their batterers. Men have behaved aggressively toward women for so long that it is impossible to distinguish which behaviors are learned and reinforced by society and which, if any, are innate. Thus, men's violent behavior toward women will be viewed from a social-learning framework.

The area of research concerned with early response reinforcement and subsequent passive behavior which appears to be due to motivational deficits is called learned helplessness. Experimental psychologist Martin Seligman hypothesized that dogs who were subjected to non-contingent negative reinforcement could learn that their voluntary behavior had no effect on controlling what happened to them. If such an aversive stimulus were repeated, the dogs' motivation to respond would be lessened. Furthermore, even if the dog should later perceive the connection between its voluntary response and the cessation of the shock, the motivational deficit will remain. The dog's emotional state would be depressed with anxiety occurring as a result.

Seligman and researchers (Overmier and Seligman, 1967; Seligman and Maier, 1967) placed the dogs in cages and administered electrical shocks at random and at varied intervals. These dogs learned quickly that no matter what response they made they could not control the shock. The learning of the unpredictability and noncontingent nature of the aversive stimulus was of prime importance (Seligman and Maier, 1967). At first the dogs attempted to escape through various voluntary movements. When nothing they did stopped the shocks, the dogs ceased any further voluntary activity. When Overmier and Seligman (1967) attempted to change this procedure and teach the dogs that they could escape by crossing to the other side of the cage, the dogs still would not respond. In fact, even when the door was left open and the dogs were shown the way out, they remained passive, refused to leave and did not avoid the shock (Overmier, 1968). It took repeated dragging of the dogs to the exit to teach them how to voluntarily respond again. The earlier in life that the dogs received such treatment, the longer it took to overcome the effects of this so-called learned helplessness (Seligman, 1975).

Similar experiments have been performed on other animals, with the same kind of motivational deficits resulting when they learned early that their voluntary responses will not produce a contingent reinforcer (Seligman, 1975, p. 28). Thus, according to learning theory, responses which are not reinforced will become extinct. Some animals learn to be helpless at a faster rate and become more helpless across a greater number of situations. For some the learning is discriminate and only occurs in one situation. For others the sense of powerlessness generalizes to all behavior. An experiment demonstrating the generalization of learned helplessness phenomenon occurred in rats. Newborn rats were held in the experimenter's hand until all voluntary escape movements ceased. They then were released. This procedure was repeated several more times. The rats then were placed in a vat of water. Within 30 minutes, the rats subjected to the learned helplessness treatment drowned. Many did not even attempt to swim and sank to the bottom of the vat immediately. Untreated rats could swim up to 60 hours before drowning (Seligman, 1974). The sense of powerlessness was generalized from squirming in order to escape hand holding to swimming in order to escape death. Since the rats were all physically capable of learning to swim to stay alive, the psychological motivational deficit of learned helplessness has been theorized to explain the rats behavior.

Within the last several years the theory of learned helplessness also has been tested with human subjects. Can people learn early in life that voluntary responses will not control what happens to them? Seligman and researchers also have demonstrated that the learned helplessness theory does indeed apply to the human species.

It has been shown that human experience with inescapable aversive events will cause interference with later instrumental learning. This has been demonstrated in the laboratory (Hiroto, 1974; Seligman and Hiroto, 1975) and in reconstructing natural life events (Seligman, 1975). In the laboratory, human motivation is sapped; the ability to perceive success is undermined; and emotionality is heightened when they experience helplessness (Seligman, 1975, p. 44). Learned helplessness has been proposed as one model to account for exogenous depression in people (Seligman, 1975; Miller and Seligman, 1975, 1976; Seligman and Miller, 1973; and Klein and Seligman, 1976). This model is based on instrumental learning, cognitive, and motivational theoretical principles.

The theory begins with the premise that when a person (or animal) is faced with an outcome that is not dependent on his/her responses, then that person learns that the outcome is independent of his/her responses (Seligman, 1975, p. 46). In other words, a person learns that voluntary responses will not produce the desired outcome even though logically it should. People learn what will happen if they make a certain response and what will happen if they do not make that response. This includes partial reinforcement, or the notion of possibilities and "maybe" outcomes that are always present in complex human learning situations. It is the conjoint probably of,

> ". . . variation of experience corresponding to different points in the response contingency space will produce systematic changes in behavior and cognition. Behaviorally this will diminish the initiation of responding to control the outcome; cognitively, it will produce a belief in the inefficacy of responding, and difficulty at learning that responding succeeds; and emotionally, when the

outcome is traumatic, it will produce heightened anxiety, followed by depression." (Seligman, 1975, pp. 46-47)

The learned helplessness theory has three basic components: information about the contingency, cognitive representation about the contingency (learning, expectation, belief, perception), and behavior. It is in the cognitive representation component where the faulty expectation that response and outcome are independent occurs. This is the point at which cognitive, motivational and emotional disturbances originate. It is also important to accept that the expectation may or may not be accurate. Thus, if the person does have control over response-outcome variables but believes such control is not possible, then the person responds accordingly with the learned helplessness phenomenon. If such a person believes that she/he does have control over a response-outcome contingency, even if the reality is that the person does not have control, that person's behavior is not affected. So, the actual nature of controllability is not as important as the belief, expectation or cognitive set. This concept is important for understanding why battered women do not attempt to gain their freedom from a battering relationship. They do not believe they can escape from the batterer's domination. Battered women's behavior appears similar to Seligman's dogs, rats and people.

Learning that response outcome is independent produces proactive interference in further learning. Such learning produces difficulties in changing response set, particularly in cognitive problems. This especially is true if it is first learned that certain dimensions of experience are irrelevant to response-outcome and then the rules change, and such dimensions become crucial in problem solving. Experiments by Kemler and Shep (1971) and Dweck, Davidson and Nelson (1975), demonstrate these cognitive disturbances. Dweck's _et al_ (1975) work is particularly interesting. Children in classroom situations are observed interacting with their teachers. Feedback from teachers on accuracy of their learning is different for boys than girls. Boys receive positive feedback contingent to their academic success, while girls receive non-contingent feedback for academic work and greater positive feedback for social behavior. Girls learn a cognitive set that says they cannot achieve intellectually but can survive through their social skills. It seems highly probable that girls, through their socialization in learning the traditional woman's role, also receive more non-contingent behavioral reinforcement from significant people in their lives: teachers, family and friends. Maccoby and Jacklin (1974) show this to be true. This socialization process may be responsible for the development of the learned helplessness behavior seen in adult women, specifically battered women. Thus, it becomes extraordinarily difficult for women to change their cognitive set to believe their competent actions can change their life situation.

Several studies have pointed to the greater likelihood of learned helplessness developing in women than in men. Radloff (1975, In Press) has developed a measure of reported symptoms of depression at the Center for Epidemiological Studies (CEJ-D SCALE) in NIMH. Using this scale, she confirmed the previous findings of Gove and Tudor (1973), Chessler (1972) and others that women are more prone to depression than men. This is especially true for married women whether or not they worked outside the home. Married women as a group were more depressed than men, although women who were housewives were significantly more depressed than those who also worked. (Radloff, 1975) This research also found that parental status was significantly related to female depression. Parents whose children no longer live with them (the "empty nest" situation) have significantly lower depression scores. The most depressed were those with children living at home under the age of 6. Radloff suggests that analysis of sex-role stereotypes, psychological theories of depression, and epidemiological studies of marital status need to be integrated. She further suggests the applicability of the learned helplessness model (Radloff, 1975).

It has been argued that women are more susceptible to learning independent response-outcome from the rewards and punishments they receive while being socialized. Learned helplessness may be one cause of the lack of leadership among women cited in some literature of the women's movement, i.e., Chessler and Goodman (1976). Radloff (in press) reviews the present research to demonstrate that women are indeed socialized to believe they are more helpless.

It is also probable that helplessness is learned on a relative continuum. There may be different levels of learned helplessness that a woman learns from an interaction of traditional female role standards and individual personality development. The male/female dyadic relationship may be a specific area that is affected by this interactive developmental process. Battered women seem to be most affected by feelings of helplessness in their relationship with men. This is true for battered women who not only are housewives but also women with responsible jobs and careers. Many are well educated, ambitious and function in a superior manner in high status positions (Walker, in preparation). However, when it comes to their marriage or in other social relationships with men, they resort to traditional female role stereotyped behavior. They typically defer to the men to make decisions, even if they have manipulated the choices behind the scenes. Direct communication is conspicuously absent from the battering relationships studied to date (Walker and Flax, in preparation).

It is reasonable to expect that battered women will be ambivalent about the women's movement. Those who are successful in business and professions may cling tenaciously to the belief that any woman can achieve success without realizing its heavy cost. Research is needed to measure the attitudes of battered women toward women in general. Battered women are embarrassed that their home life is not as they expected it would be. Traditional socialization taught them that it is their role to make their marriage successful. Many battered women go to great lengths to cover up the violence, in order to present a successful picture to the rest of the world. They do not believe that anything they do can make the batterer stop his behavior and so, in the manner predicted by the learned helplessness model, they cease all attempts to change their situation.

The feeling of powerlessness to change a battering relationship is also reinforced by the happy family cultural stereotype. Battered women usually do not know other battered women. If they do, the same protective conspiracy develops between them as develops between the battering couple. Battered women tend to isolate themselves so that friends and family do not find out how bad their life really is. They lie to others so much that they begin to confuse reality themselves. They make excuses for their men and assume self blame for many battering incidents. This pattern seems to occur regularly with successful career women and also may be explained partially by the cognitive dissonance between their home life and professional life.

The need to protect their men and themselves may be responsible for the tendency of battered women to retreat from the assistance of helpers even when they themselves have initiated requests for such help. Helpers report becoming exasperated and angry with battered women. The helpers try to bring whatever legal and social assistance is possible under a limited system. This often occurs at considerable effort to the helper. Just when some assistance is found (restraining order, a police call, hospitalization, foster home, psychological help, etc.), the battered women often turn it down. Understandably, helpers become exasperated when she returns to the dangerous relationship, denying that any harm can come to her. She assures herself and others that she can handle her man and returns to him, leaving others speechless at her behavior. They question her intelligence and sanity. It is probable that battered women do not accept the helper's assistance because they do not believe it will be effective. This can be attributed to the learned helplessness hypothesis in which their cognitive set tells them no one can help them. They see the batterer as all powerful and thus there is no safety for them.

The recent advent of refuges where battered women can go to live has been the most successful effort to help such women leave battering relationships. Nevertheless, even in the safety of a hidden refuge, many women reportedly go home to the unchanged battering relationship, only to return again to the refuge. Pizzey (1974) reports that many women go home and return to the refuge many times before they make the final decision to leave the relationship. Other refuges and centers in this country report similar phenomenon. The British government supports crisis houses for the battered woman, as well as a "second stage" house which provides longer term rehabilitation for those women who are not ready to live on their own. Third stage housing is also available for women who wish to live with other battered women on a more permanent basis. These programs have established a therapeutic community for battered women and their children. Chiswick Women's Aid has successfully treated approximately 6000 such families since 1971. The impression from my data and Gayford's (1974) research is that most of the battered women who remain at Chiswick come from the most violent family relationships. The learned helplessness theory proposes that the only successful treatment to reverse the cognitive emotional and motivational deficits is to learn under which conditions will responses be effective in producing results. This new learning is difficult to effect since previous conditioning has created the belief that no responses are effective for the battered women. They also have a lowered response initiative rate. It becomes important to find ways of motivating the battered woman to attempt new behaviors so that she can experience successful response-outcome contingencies.

Most helpers agree that once battered women leave the relationship and learn new skills to reverse the helplessness cognition, they usually also overcome the emotional and motivational deficits. They do not choose to relate to another batterer as is the popular myth. However, there is less success in overcoming helplessness when women remain with their battering partners and try to change the relationship to a nonbattering one. Another psychologist, Morton Flax, and I have attempted to apply these theoretical principals in our clinical psychology practice with assaltive couples. (Flax, 1977; Walker, In Press; Walker and Flax, In Preparation) Before the specific couples therapy can begin we must sever the symbiotic dependency bonds that have developed between a couple engaged in battering behavior. It is necessary to treat the couple as two individuals, strengthening their independence and teaching new communication skills, in order to reverse the learned helplessness process. The battered woman needs to relearn the response-outcome contingencies by directly experiencing a sense of power and control over those paradigms which are indeed under her voluntary and independent control.

The learned helplessness theory is important in understanding the psychological paralysis that maintains the victim status of a battered woman. There are other compelling economic and social factors which contribute both to their victimization and to its perpetuation. Battered women have long been accused of masochism. They are thought to enjoy being abused and seen as unwilling to stop the batterer's violence. The learned helplessness theory demonstrates that propensity to being a victim repeatedly is socially learned behavior that can be unlearned through systematic procedures designed to allow the battered women actual power and control over her life.

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HOW POLICE HANDLE EXPLOSIVE SQUABBLES

New techniques let police settle arguments without force.

BY MORTON BARD AND JOSEPH ZACKER

POLICE OFFICERS have to deal with disputes and arguments every day of the year. Thus the world of the police is an excellent laboratory in which to study the origins and dynamics of human conflict. What psychologists know about such conflict comes mostly from lab experiments and game theory and among the few places where they have studied passionate disputes have been the courtroom and the labor-management negotiating table. But close at hand, in every community, an opportunity exists for behavioral scientists to observe human beings in conflict situations.

Disputes are among the most dangerous assignments for police officers. A family squabble can turn into a three-party nightmare of violence and irrationality. An argument in a bar between friends, or on a stairwell between a landlord and tenant, can become a shoot-out. About 25 percent of all police officers killed in the line of duty are intervening in a dispute. It is estimated that about 40 percent of police injuries result from the same thankless task.

Despite the public's growing awareness of how much time police devote to disputes—and despite a good deal of professional interest in training officers to handle them more effectively—most people still accept as facts what are really only myths about small-scale conflicts. Two of these supposed facts are that most disputes are actually drunken brawls, and that there is a direct relationship between alcohol and assaultiveness. These assumptions are deeply ingrained in the minds of police officers. They are also widely accepted by most behavioral scientists and sound equally plausible to the layman as well.

But they may not be true, and the way we discovered the facts of the matter was by working with groups of policemen in New York City and Norwalk, Connecticut, who systematically recorded thousands of interventions into all kinds of arguments. The common view that alcohol and assaultiveness are causally linked is only one of several preconceptions we have examined during nine years of naturalistic research into police-managed interpersonal conflicts.

People call the police for help in an incredible variety of conflicts, but particularly in family disturbances. As Tolstoy said in Anna Karenina: "Happy families are all alike, each unhappy family is unhappy in its own way." Men fight with women and parents fight with their children, and some of these fights end in death. In New York City, for example, during 1974, 54 husbands killed their wives, 42 wives killed their husbands, and at least 77 other people killed their parents, children, brothers or sisters. Similar killings occur elsewhere in the nation, in rural areas as well as in urban settings.

It is true, as reported recently in the press, that the proportion of people who are killed by total strangers has been increasing lately. But an American is still more likely to be a homicide victim of a relative or friend than of a stranger. The scenes of most murders are kitchens and bedrooms, parties and parking lots.

No love without aggression. Significantly, some of the key theorists in the social and behavioral sciences, who often hold differing opinions, agree that personal closeness leads to intense antagonism and sometimes to violence. The turn-of-the-century social theorist Georg Simmel, for instance, emphasized that intimate social relations were unavoidably aggressive. Sigmund Freud, during his earlier theorizing, contended that aggression was more socially reactive than biologically instinctive. Anthropologist Bronislaw Malinowski charted a similar channel between close social contact and aggression, and most recently, several prominent ethologists have discovered the same tendency among nonhuman animals. As Konrad Lorenz puts it: "intraspecific aggression can certainly exist without its counterpart, love, but conversely there is no love without aggression." In short, the theorists agree with the statistics that conflicts between individuals—the flesh-and-blood arguments that often involve the police—spring up typically among friends, acquaintances, and relatives rather than among strangers.

This general rule may help explain one of the most interesting recent findings of our own research into disputes: white people generally fight with whites, and blacks tend to fight with other blacks. More curious than that, however, is that an interracial dispute managed by the police is less likely to result in assaultiveness than a dispute between members of the same race. We found this to be so from an analysis of dozens of interracial arguments, all of which resulted in a call to the police but relatively few of which resulted in an actual assault.

Among other interesting facts about disputes (which have evolved from our studies) are the following:

1. Disputes are not as assaultive as most people, including the police, tend to assume. One might think that any family argument serious enough to require the cops would necessarily be violent. But it's not true. Out of 1,388 family disturbance calls answered by policemen participating in our West Harlem study, only 36 percent of the complainants reported an actual assault, and the officers on duty felt that some of those complaints were false. Physical violence is the exception rather than the rule, even in those family arguments that wind up with an officer at the door.

The flesh-and-blood arguments that often involve the police spring up typically among friends, acquaintances, and relatives rather than among strangers.

These findings with the New York City Police Department were supported by similar studies with the New York City Housing Authority police and with the Norwalk police. Many of the disputes in the Norwalk study did not involve families and yet yielded similar findings.

2. As we mentioned earlier, disputes are caused by all sorts of problems. The same applies to family disputes that involve assault. As one might expect, suspicion or conviction of a spouse's infidelity is one of the most common reasons for an assaultive family argument, yet even this reason accounts for only one in six cases of assault in our studies.

3. History is the best predictor of what's to come; assaults are most common in families that have engaged in assaultive behavior in the past.

4. The police rarely resort to physical force in dealing with family disputes.

In principle, any number of people might intervene in a dispute and try to separate and/or pacify the disputants. (There must be thousands of cases each day in this country in which friends, neighbors, and even total strangers handle conflicts between people.) But it would be naive to think we can depend on those solutions alone. The police are used when an authority is required who is legally empowered to *do something* "here and now"—that is, to prevent destructive escalation or to restore social order.

Native insights. A father may call the police because his roving son won't listen to him. Two neighbors may engage in a dispute over their property line. A landlord and tenant may dispute over nonpayment of rent. A storekeeper may argue with a customer over the exchange of merchandise. Two motorists may get into an altercation over a minor traffic accident. In every case, the officers who arrive are expected to manage the problem.

Traditionally, the police have been seen as trying to take charge by using force. In any event, that's the stereotype of police behavior and there may even be some truth in it. Our data from the Norwalk study, however, suggest that most police officers spontaneously develop and use subtle intervention tactics despite their lack of formal training. They have relied on their experiences both in uniform and out, and on their native insights into human problems.

But the police can also play it strictly by the book, and in the past many officers have assumed that professional behavior should be that of the professional soldier—one who takes orders from above and gives orders to those below. However, such attitudes cannot be relied on exclusively. There is a need for flexibility and choice in selecting an approach to a problem that is appropriate to the circumstances.

During the last 10 years, various new techniques of interpersonal conflict management have worked their way into police departments across the country. To a great extent they reflect changes in American attitudes generally, or a shift away from authoritarian approaches toward those of mediation, arbitration, and other means of conflict management.

This may strike some observers as wishy-washy and "liberal," or, alternatively, as manipulative and "totalitarian," but conflict-management techniques are inherently neither. We have found that they have been measurably effective in reducing some forms of crime, in helping people who would have no other resources, and in reducing police injuries and deaths.

In one program after another, officers have been trained in basic psychology and sociology, in the nature of aggression, in social relations, and in methods of keeping people calm. They have also learned that other systems can often serve the needs of people in conflict in more constructive ways than can the criminal justice system. Other systems that are often more relevant are mental health and social services.

We have participated in programs involving officers in two New York City police departments (the New York Police Department and the Housing Authority Police Department) as well as in the Norwalk, Connecticut, Department of Police Services. Two of these

The 18 officers handled 1,388 disturbances involving 962 families, and there was no known homicide in those families during the entire period. Nor were any officers hurt.

projects emphasized interpersonal effectiveness in dealing with disputes, the third emphasized participatory data gathering and analysis in dealing with police-managed interpersonal disputes. All three projects involved psychologists and officers working together as equals. Much, in fact, of what we have been able to say about interpersonal conflict could not have been learned without the committed participation of the officers who took part in these programs. We contributed our knowledge in psychology while they contributed their knowledge in law enforcement.

1,388 disturbances. Our first effort was in West Harlem, where 18 police officers participated in a demonstration project to determine the possibility of improving the police management of family disputes. There were lectures, workshops, and a series of real-life simulations in which the officers could practice various kinds of professional interventions. We were trying to discover the kinds of attitudes and issues that are inimical to successful interventions. Following this preliminary phase, the Family Crisis Unit went into the street, where it functioned in general police work—except that the unit was assigned all family disputes in the precinct. The officers both used their evolving skills and systematically recorded everything that happened.

The demonstration period of 22 months yielded promising results. The 18 officers processed 1,388 disturbances involving 962 families, and there was no known homicide in any of those families during the entire period. Nor were any officers injured, despite a statistical probability that they should have been. Arrests for assault went down in the precinct, and confidence in the police apparently went up. The officers performed their specialized role extremely well, but most important, there appeared to be a spillover in the performance of *all* their police duties. This was confirmed in the Housing Authority study, where we found that the general level of performance of Housing Authority officers who had been trained in conflict management was significantly superior to that of other officers in two control groups.

In 1973, we conducted a related study in Norwalk, Connecticut, where we expanded our view of interpersonal conflict to include arguments among acquaintances and strangers as well as among relatives. In Norwalk we were dealing with a much more middle class community than we had in black, working-class West Harlem, the average family income was more than $12,000, and only 12 percent of the residents were nonwhite. Yet another twist was that in Norwalk, the officers developed a basis for a training program by systematically recording their own, spontaneously developed, ways of managing conflicts. A panel of five officers and four psychologists organized and studied the results.

What the Norwalk officers gained from this experience was more than a group of techniques for handling conflicts, although they certainly learned some of those as they evaluated their own behavior. They also gained a more objective and systematic body of knowledge of what conflicts are all about and how policemen handle them.

The officers found that they used a greater variety of approaches than they had believed. They also discovered that some of the approaches were used because they were more appropriate in certain situations. For example, mediation is a technique that officers use many times and in many subtle ways. Sometimes they separate the disputants and conduct a kind of shuttle diplomacy from room to room. In other cases they try to articulate the point of view of an inarticulate disputant, or lay down rules for discussion and then act as a referee.

Other broad types of intervention that the Norwalk police were already using were the authoritative approach and the counseling approach. An officer relying on his authority as an agent of the law might threaten arrest or simply order people to comply. These approaches do have their usefulness, particularly when disputants are enraged, intoxicated, or otherwise disordered. Counseling, on the other hand, may work best when the disputants are fairly calm and lucid, or when there is clearly some underlying problem that the officer is able to identify and explain.

Contradicting old cliches. One of the officers had trouble accepting some of the study's findings even though he had participated in the data collection and analysis. He was unable to relinquish his own bias even in the face of facts that he had helped discover. For example: two thirds of the 344 disputes managed in Norwalk, according to the panel's analysis of the officers' reports, involved *no* drinking by either party. This is an important finding, since we had always assumed (as do most officers) that alcohol is a crucial factor in conflicts among people. Further, there was no relationship between the use of alcohol and assaultiveness. This finding contradicts the long-standing assumptions of both police officers and social scientists. We are now reasonably convinced of its accuracy, having reached the same finding in our Harlem studies.

We also learned that assaultiveness in these disputes was related to a person's social and economic class but not to his or her race. Blacks, in other words, are no more or less apt to assault an antagonist than are whites. But the poorer a disputant is, the more likely he or she is to become assaultive. According to the reports of Norwalk's officer-researchers, less than 30 percent of the cases in which the disputants were middle class or wealthy ended in an assault, whereas there were assaults in 44 percent of the conflicts in which the disputants were poor.

This finding won't surprise those who have suspected all along that there is something about poverty that leads to personal aggression. But it may surprise those who believe that certain ethnic traditions are prone to violence.

The naturalistic studies we have talked about here are hardly as rigorous as laboratory experiments, yet they have obvious advantages. For one thing, they have produced a good deal of information about interpersonal conflicts, and that information is valuable in itself. Some of it, in fact, strongly contradicts the findings of laboratory experiments—such as those with rats that show a direct relationship between alcohol and aggression. Assaultiveness and drinking aren't nearly so closely related in the world, apparently.

More important, though, these studies focus on urgent public problems. The police have to deal with the kinds of fights we've been talking about every day and night of the year, and they are some of the most potentially dangerous and unpredictable events in a police officer's life. What we've tried to do by collaborating with police officers in "action research" is to make those scenes less dangerous, more predictable, and less damaging to the antagonists involved.

These same studies, meanwhile, offer psychologists an opportunity to add to our knowledge of human behavior by refining methods for research where the action is. In addition, they demonstrate how psychology can participate in solving real problems—in the present case, through a method of preventive mental health and crime prevention. ◻

Morton Bard is professor of psychology and acting director of the Center for Social Research at the Graduate School of the City University of New York. He was educated at St. John's University in New York and later at New York University, where he received his Ph.D. Bard is currently working on a new book about the victims of crime. He has devoted most of his career to the study of crisis management and the management of interpersonal conflict. Joseph Zacker is a clinical psychologist with the Division of Consultation and Education at Rockland County Community Mental Health Center. He received his Ph.D. from the City University of New York after getting a B.A. from Queens College and an M.A. from Hofstra University. Zacker's main interest, aside from private practice, is in the use of consultation and other methods—such as the "action research" described in this article—for the purpose of helping citizens in distress. For more information, read:

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Morton Bard talks about psychology and the police in a tape on his research, available from Psychology Today Cassettes. Send $7.95 (outside U.S.A., $8.95) to Consumer Service Division, 595 Broadway, New York, N.Y. 10012.

TESTIMONY OF
GRACIELA (GRACE) OLIVAREZ
DIRECTOR OF THE COMMUNITY SERVICES ADMINISTRATION

TO

THE SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL SCIENTIFIC PLANNING, ANALYSIS AND COOPERATION (DISPAC)
OF THE
COMMITTEE ON SCIENCE AND TECHNOLOGY

The role of the Community Services Administration (formerly the Office of Economic Opportunity) is spelled out in the Economic Opportunity Act of 1964 as amended: to "eliminate the paradox of poverty in a land of plenty", and to increase opportunity for persons in poverty. A major thrust of this act and of subsequent amendments is to provide a federal agency whose principal purpose is to provide access to services for persons in poverty and, through advocacy and research and demonstration, to define and implement new solutions to the problems confronting low income people.

CSA maintains a commitment to these purposes. While pursuing ongoing research and demonstration efforts, its major program thrust has been carried out through a network of 878 Community Action Agencies. These Community Action Agencies, located in low-income communities, assist persons in poverty through concerted efforts in outreach and advocacy in addition to the provision of direct services.

Obviously, as a result of our experience, we have been involved with the problems faced by low-income families. Our Community Action Agencies have sought to assist these families by helping them to obtain needed services provided by other agencies and also by directly providing services. Indeed, a major focus of our direct service delivery in recent years has been provision of services to meet basic family and household fuel and food needs through our energy crisis intervention and weatherization programs and our

Community Food and Nutrition program. We will continue to support the provision of these services to meet basic family and household needs.

In seeking services for and providing services to low-income families we have seen the multiplicity of problems which they confront and [illegible] stress in their lives caused by lack of resources. Our experience has been confirmed by a number of other sources.

For example, Kenneth Keniston in his recent study of the American family notes the severe economic pressures on all American families and the lack of adequate health and income support policies. Urie Brofenbrenner has described the pressures which money problems, work demands, and lack of social support systems are placing on families.

While pressures are great on all families, pressures are even greater on low-income families. Less income, greater numbers of one parent families, loosely organized neighborhoods, poorer housing conditions and greater reported crime add to the problems and pressures experienced by these families.

Recently, attention has been focused on family and domestic violence as a problem for all families. The exact nature and prevalence of this problem is not known. In the area of spouse abuse, usually of the female, estimates vary. Stewart Onelgia estimates that 50% of all marriages involve some degree of physical abuse; Zullo and Fulman state that in excess of 200,000 husbands are "habitual wife beaters". Data from major metropolitan areas indicate extensive spouse abuse, e.g. 7500-10,000 marital violence cases annually in Washington, D. C.; 4,900 wife assaults in Detroit in 1972; 17,000 family violence cases in New York in 1976.

Dr. Henry Kemp estimates that 250,000 serious child abuse cases occur annually. 1,765 cases of child abuse and neglect were were reported in 1977. The above are just examples of the variety of estimates and localized data which indicate that a severe problem exists but which require more research to specify the exact nature and extent of the problem.

Unfortunately, social programming has not adequately responded to these problems. Most federal and local programs still employ an individualistic approach. They work principally with one person in a household who has, for example, a delinquency, employment or spouse abuse problem, and neglect the family context.

In reviewing our own experience, data from other sources, and the present delivery of services, we came to the conclusion that new programmatic thrusts which focused on the total family and the needs of all of its members should be tried on a demonstration basis. One intent of this program is to reduce violence in low-income families.

At the present time, CSA anticipates implementation of a demonstration effort. I would note that the approach of this project is only one of many approaches which could be employed. However, I would like to briefly present the basic concept as one which we think has merit.

CSA will establish on a pilot project basis a Family Center as one approach to the needs of low-income families.

The specific purposes of the Family Center are: (1) to strengthen and develop low-income families and all of their members at the time of crisis and following crisis, and (2) to establish policies and programs at the local, state and national levels which respond to the needs of low-income families.

In order to meet these purposes, the Center will provide direct crisis intervention, support and counseling services to 700 families (approximately 2,500 individuals) and carry out advocacy and policy analysis activities.

The unique features of this demonstration effort are:

1. The total family unit is the focus of service provision and advocacy.
2. The family and all of its members are provided concurrently supportive human services which they require to meet basic needs and the counseling services which develop and strengthen positive family relationships.
3. A facility is provided so that a point of family crisis,

intervention shelter and treatment can be provided and separation of the family or household members can be avoided.

4. Advocacy and program development activities are organized at the local level: (a) to seek policy and program changes which benefit the low-income family; and (b) to organize and develop resources to assist low-income families.

The project will assist the total family at a point of crisis and continue to provide services after the crisis. The entire family, or as many members as possible, will immediately receive the crisis services they require; crisis shelter can be provided if needed. At the time of entry, family counseling services will be initiated, supportive service needs assessed, and the referrals for required services will begin for all families. During a "cooling off period", family members who reside at the Center will receive supportive and counseling services. After a brief period, usually no longer than a few days, the family will be returned to their previous residence, or if necessary, a new residence. For all families, intensive follow-through will be carried out to insure the family members continue to receive the supportive and counseling services they require.

In order to carry out its service delivery function, the project will obtain commitments of existing community resources for Center clients, and develop outreach and referral linkages between the project and other agencies which serve families or its members.

Again, I would note that this is only one of many approaches which may be tried. We are testing this idea on a pilot project basis; the project will be carefully monitored and evaluated and its long-range potential to assist low-income families assessed. CSA will continue to provide basic services to low-income families while we test other ideas to determine their applicability.

In closing I would note that it is my hope that Congress and other federal agencies begin to address the family as a unit and the problems of the family unit. The family unit, in whatever form it exists or will exist, is basic to our society. We can no longer follow a policy of "benign neglect" in terms of provision of supports to the family. The family was the basic social unit yesterday; it is a basic social unit today; and, in whatever form it will be the basic social unit of tomorrow. Thus, we must aggressively devise programs and policies which assist the family. Specifically I recommend research in the following areas as it relates to the low-income family:

1. Studies on the strengths of one parent families and the pressures and problems which they face.
2. Studies into the nature and extent of the multiple problems experienced by low-income families.
3. Determination of the actual extent and nature of domestic violence, especially in low-income families.

4. **Analysis of the income transfer policies to determine their impact on family structure.**

We are all members of a family and benefit from its strengths. Our nation will be as weak or strong as its basic social unit. Therefore, we must look carefully at what is happening today to make it possible for more families to survive. The family needs our immediate constructive support.

Thank you for the opportunity to be able to comment for the Community Services Administration in your consideration of this important subject area.

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NEEDS ASSESSMENT OF VICTIMS OF DOMESTIC VIOLENCE

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NEEDS ASSESSMENT OF VICTIMS OF DOMESTIC VIOLENCE

Early in 1976, the American public slowly became aware of a hitherto largely secret crime, woman battering. There was a time span of approximately five years after the establishment of shelters for battered women and their children in Great Britain and Europe before Americans became sensitized to the fact that domestic tranquility is not always a reality behind closed doors. Small groups of concerned citizens had long been involved in efforts to help victims, but their work was primarily a lonely struggle without public recognition or support, such as Haven House in California (originally established in 1965). Then the March, 1976, issue of Do It NOW, the National Association for Women newsletter, announced the establishment of a National Task Force on Woman Battering/Family Violence. The same month, three thousand women from thirty-three countries gathered in Belgium for the International Tribunal on Crimes Against Women, and woman battering around the world was declared a universal phenomenon. These two simultaneous news events demanded and received attention from the American media.

From that point on, countless articles have appeared in large and small newspapers and magazines across the land, and radio and television joined in the massive educational effort to tell citizens that innumerable women and children were living in helpless terror in violent homes. The media was largely responsible for the recognition of the serious social problem of violence between spouses that ranged from threat of physical attack all the way to homicide. As their English, Scottish, Irish and Dutch sisters before them, American women streamed out of their homes and into residential shelters as soon as they opened, filling them to capacity. Many times they were so desperately in need of safe haven that refuges were filled beyond capacity, and almost all have a constant waiting list. American citizens became informed of the needs of victims of spousal violence, and as community groups sprung up to address these needs, so did our state and federal legislators respond. At this point in time, proposed legislation would allocate funds from the national budget to provide a wide variety of services for victims, and would seek understanding through an informational clearing house as well as research for the purpose of prevention and control of domestic violence.

In just two years, Americans have certainly traveled a long way toward recognition of this serious social problem, and in determination to establish social policy to deal with it. However, there has recently emerged a divisive and perplexing thrust. Whether it is because of irresponsible media coverage or misinterpretation of the facts is not the issue here. The point is, the record must be set straight and issues must be clarified, so that when legislation is enacted, we can proceed unwaveringly and confidently in the proper direction. Unsupported pseudo-scientific claims must not be permitted to deflect attention from the very real needs of the most helpless and deserving victims of spousal violence: women and their children.

The question that has been raised through massive publicity in the media in recent months is, "Who are the victims?" Before we can address the needs of victims, we must clarify who they are; when we allocate public monies, we need to know who are the people most in need of the social services to be provided. Although our government attempts to help those who need help most, it can not be expected to oversee the personal welfare of each and every citizen. We direct our assistance to people most helpless and unable to help themselves: the poor, the handicapped, the infirm, the aged--in other words, the socially disadvantaged. It is clear that the time has come to do a needs assessment of victims of spousal violence. This is the purpose of this paper.

It is impossible to determine how many couples in this country have ever engaged in some form of physical violence on the basis of only one national survey. There are serious methodological flaws in the study which its principal investigator is quick to point out (Straus, 1977:7). A representative national sample of intact couples automatically eliminates noncohabitational couples as well as persons who have broken off relationships because of physical violence or any other reason. Principal investigator Straus says, "...since 'excessive' violence is a major cause of divorce, and since our sample is limited to couples living together, these data probably omit many of the high violence cases" (1977:8). In addition, major emphasis in this study was placed on violent incidents occurring within the year previous to the survey, and the use of self-report which leads to underreporting. Straus estimates that true incidence rates were double the reported rates (1977:8).

Despite admitted shortcomings, until we have further scientific evidence, we must rely on a combination of this one study, plus evidence extrapolated from other sources, as well as plain and simple logic to determine who are the victims most in need of protection and services.

Beginning with the study conducted by Straus, et. al., the authors devised a "severe violence index" or "wife-beating index." They named it the Conflict Resolution Techniques (CRT) scale, consisting of eight items, including one item F, "beat up the other one." Unfortunately, one sociologist has used only seven of the eight items, and has chosen to eliminate from her data base this very important item about which Straus says:

> ...for the twelve month period preceding the interview, 3.8% of the respondents reported one or more physical attacks which fall under our operational definition of wife-beating. Applying this incidence rate to the approximately 47 million couples in the USA, means that in any one year, approximately 1.8 million wives are beaten by their husbands (1977:5).

In his efforts to avoid misleading statistics, Straus considered frequency and the general pattern of violence and called for a "more literal interpretation." Straus says,

> By a "more literal interpretation" I mean restricting the category of "wife-beating" only to those who used the term "beat up" to describe what happened (item P). This gives a figure of 1.1% during the year, with an average of 5.5 beatings per year among the couples who reported a beating. While this is much lower than the 3.8% figure taking into account all the severe violent acts, it still represents a very large number of families, specifically, over half a million (1977:6).

However, when the focus was expanded beyond the prior year to include acts that "ever happened," Straus then states:

> Thus our data for item P, beating up, indicate that such a beating had occurred at some time in 5.3% of the marriages. Of these, I estimate that about two out of three were instances of husbands beating wives, or about 3.5% of American couples. Or in number of couples, over a million and a half. ...this is almost surely a considerable underestimate (1977:7, emphasis added).

Straus points out that numbers of occurrences themselves do not tell the whole story, saying:

> There are several reasons why even a single beating is important. ...one such event is intrinsically a debasement of human life. Second, there is the physical danger involved. Third is the fact that many, if not most, of such beatings are part of a family power struggle. It often takes only one such event to fix the balance of power in a family for many years--or perhaps for a lifetime. ...So, given the fact that superior strength and size, gives the advantage to men in such situations, the single beating may be an extremely important factor in maintaining male dominance in the family system (1977:6-7).

An earlier study investigated family violence by a focused sample of forty "violent families" and forty neighbor families (Gelles, 1972). Data were obtained from married couples, interviewed separately. Gelles states that although wives in his sample were far from passive, 'The husband is the more violent of marital partners" (1972:50). He also says, "In terms of husband-wife violence, we see violence mainly from the 'victim's' point of view because wives are more likely to be victims of rather than committers of violence" (1972:58). Gelles provides a table of nine violent acts reported by his sample that includes two categories which are curiously missing from the data of another sociologist associated with the current confusion about the sex of the most frequently victimized spouse. These two types of violent acts are categorized, "push down" and "choke," and all such acts are shown in Gelles' study to be husbands' acts of aggression against wives.

However much we might prefer to neatly categorize acts of violence, total them, and state that one sex or the other commits more acts of violence than the other, thus we have located the "true culprit" and the "true victim," the answers are not so simple. Troubles begin with the categories themselves. For example, there is a vast conceptual difference within a single category: "hit or tried to hit with something." If the "something" was, for example, a hammer, the severity of damage from trying and actual hitting could easily range from no damage at all to murder. The numerical count of responses to "threw something at the other one" means little unless we know if the "something" actually reached the target, and if so, what damage was done? Again, there is a vast difference between throwing a feather pillow and missing, and throwing an iron skillet and hitting the target. How can we possibly give responses to these questions the same numerical weight?

Unfortunately, at least one researcher seems to be satisfied with such oversimplification, but not Straus, who recognizes that differences in male and female violence are grounded in the practical realities of differentials in size, weight, and muscle development, a subject that will be examined in detail later. Although Straus points out that his sample reflects the stereotypic image of the pot and pan throwing wife, he explains:

> For half of the violent acts, however, the rate is higher for the husband and the frequency is higher for the husbands than for the wives for all but two of the items. The biggest discrepancy in favor of wives occurs in the kicking and hitting with objects. Such acts are less dependent on superior physical strength to be effective (1977:9).

It is quite clear also that Straus recognizes the importance of non-numerical factors such as victim precipitation when women attack their attackers, the greater potential for serious injury to women by men due to superior physical strength, the special vulnerability of pregnant women, and women's lack of options to escape violence (1977:9-10). He says:

> Although these findings show high rates of violence by wives, they should not be allowed to distract attention from the effort to eliminate "wife-beating." ...Finally, women are locked into marriage to a much greater extent than men. Because of a variety of economic and social constraints, they often have no alternative to putting up with beatings by their husband.... In short, wives are victimized by violence in the family to a much greater extent than are husbands and should therefore be the focus of the most immediate remedial steps (1977:9-10).

Nevertheless, one journalist has been credited by the wire services as concluding "that husband-beating possibly is as great a social problem as wife-battering in America today." He was asked to give the characteristics of the kind of marriages that might produce a husband-beater. Examples he gave were: 1) big women married to small men, 2) old men married to stronger middle aged women, and 3) handicapped men with healthy wives. In response to these claims, I now turn to my own research.

For the past two years, I have been investigating woman battering, applying several methodologies, one of which is a self-administered questionnaire. A self-selected sample of one hundred women who had been battered by their spouses provided me with a rich source of data to help in my efforts to understand the problem of domestic violence from the perspective of the victim. While this sample cannot be considered representative of the general population, these women provided demographic and other data about themselves and their spouses from which we can get some idea about women who were battered, and second-person reports about the batterers. Approximately seventy-five percent of these respondents had obtained safe housing at one of the shelters for battered women and their children in California; the balance had heard about this study and volunteered to join the sample.

Statistics from my study show that physical size of the women and men are consistent with national averages, and at least in that respect may be considered fairly representative of the general population. The mean height of the women was 5'4", as compared to 5'9" for the men. The mean weight of the women was 123.6 pounds, compared to their spouses' weight of 173.8 pounds. This gives the men almost half a foot greater height and slightly over fifty pounds heavier weight than their spouses. The spans for height were from 4'11" to 5'11" for women, and from 5'4" to 6'5" for the men. There were four women who were exactly the same height as their spouses (including the one who measured 5'11"), and only one woman was taller than her spouse--by one inch.

Weights for women ranged from 80 pounds to 250 pounds, whereas the men's ranged from 120 pounds to 220 pounds. As may be noted, there was at least one woman who weighed more than any of the men. It seems appropriate to examine closer five respondents who were almost as heavy or heavier than their spouses. One woman, weighing only two pounds less than her spouse, was a mother of a five month old baby girl who was beaten when she was pregnant. She took refuge in a shelter when her spouse also beat the child. One couple weighed the same, 160 pounds, although the man was ten inches taller. This was a very religious mother of two young children who had not been employed for ten years, the length of the marriage. She responded that she had been threatened with a knife, a gun, and a golf club. The first time she saw him behave violently was shortly after their marriage. She wrote: "I realize now he was drunk--he yelled a lot and shot a gun into the floor. I forget why, but it was directed at me."

Of the three women heavier than their spouses, one was seven months pregnant at the time she entered the shelter, which helps explain the heavier weight. She had with her a 14 month old child, and she wrote that the first violent act was a beating she received two months after their marriage because she "didn't finish the housework." Asked if she thinks she deserved the beatings, the response reads, "No. No one deserved beating, I was pregnant also." From her responses, she indicated she had been beaten during the earlier pregnancy and wrote, "I almost lost the baby." Another woman of 49 who weighed five pounds more than her spouse, left after 24 years of marriage and four children, although the first time she saw him behave violently was one week after their marriage. Both were college graduates, and she was a registered nurse whose only paid employment after marriage was as a school kitchen helper. Her spouse was a retired military officer whose weapons for beatings were ropes and chains. When asked if she ever tried to strike back or defend herself after a beating began, she responded: "He has super-human strength and I knew by experience he'd hurt me worse if I did not go along quietly."

If there is any woman in this sample who fits the journalist's description of a big woman married to a small man, then the 29 year old woman who weighed 250 pounds is the one. Her husband was 44 years old and weighed 140 pounds. Both had been previously married, and she had two children under the age of seven by the first marriage in her custody. According to the respondent, she had been beaten by her former husband, and he had beaten his first wife. When asked what weapon her spouse used, this woman said, "fist." In response to what words best describe her reactions to being beaten, this woman, 110 pounds heavier than her assaulter, chose: "fear, alone, powerlessness."

We may find it incredulous that any person can feel so powerless despite such extreme size differential--yet, if we think for a moment how women are trained from the time they are toddlers to be "good little girls," to avoid rough behavior and physical contact sports--then we may sense this woman's paralyzing fear. The fact remains, she was beaten. As stated earlier, existing shelters cannot accomodate all refugees who wish to enter; entry is based on need, and at this particular shelter, the women must establish need for protection from physical abuse.

When we look for age differentials as suggested by the journalist, this sample again reflects typical marital age differentials in this country. The mean age of the women in this sample was 33.7 and their spouses were 37.2 years old; the men were on the average three and a half years older. Women's ages ranged from 19 to 58; men's ages ranged from 21 to 68. Four women were the same age as their spouses and 14 were older by one year or more. The largest gap in ages was a woman of 36 married to a man of 27, but although she exceeded him in years, he was nine inches taller and his weight was exactly double hers--160 to 80 pounds. Of the older men, one of 68 had a wife of 56, and a 61 year old man was married to a 58 year old woman, hardly "December-June" couples. There are such unions, but they are relatively very rare.

While I will not dispute that it is possible for a healthy wife to abuse a handicapped or very sick man, I have personally known the reverse the happen. Two women I interviewed individually were both battered by parapalegic husbands in wheel chairs, as strange as it seems. Both cases were investigated and verified. In addition, one of them had left her daughter's two year old child alone in the home with her husband for a short while, and that night discovered that her impotent husband had sexually molested her granddaughter. That molestation had occurred was confirmed by hospital examination of the child. On the other hand, one woman in the final stages of a degenerative disease arrived at a shelter barefoot and on crutches with her three pre-teen aged daughters, and three weeks later was taken to a hospital where she died.

The point to be made is this: any of us who study domestic violence long enough can come up with "sensational" tidbits the media can exploit. Fortunately, few of us choose to do so. More importantly, our focus should not be on the bizarre and unique, although we know that human beings are capable of engaging in almost any kind of behavior. We cannot afford to dwell on the exceptional cases; we must set our priorities in terms of numbers and needs. As concerned as we may be about individuals and their particular circumstances, we must of necessity draw back and look at the groups or categories of people who are most frequently victimized, and then we must determine the kinds of assistance they need to help them put their own lives in order to regain personhood.

An examination of the data from my study reveals a sample that is characteristic in physical attributes of the general population, based on averages. The average woman is younger, shorter, and lighter than her spouse, and even when she isn't "typical," she may still be the victim of domestic violence. Men train from a very early age to engage in competetive, aggressive acts in the school yard, the sports field, and in the military. Today's woman was raised, by and large, exactly the opposite. Even when a couple is of equal size, the woman is not matched in muscle development and power. The vast majority of the women in my sample were not matched in size with their spouses--only 5 percent came close or surpassed their husbands' weight, and only 5 percent were as tall or taller.

In competetive professional sports such as boxing, fighters are categorized by weight, and it would be unthinkable to put a lightweight into the ring with a heavyweight--our sense of sportsmanship would not permit such biased imbalance. In professional golfing, any golfer knows that women's tournaments use a shorter distance between holes. Even top female athletes, the best in the field, are not expected to compete equally against top male athletes. There are undeniable biological differences between the male and female body, which all of us must acknowledge. When we add to the man's biological advantage in muscular power the woman's socialization into "learned helplessness" (Walker, 1977), then we can understand better why women even much bigger than men are likely to feel powerless when under attack. This is why women, in their ultimate, desperate act of self-defense, are likely to use weapons such as guns or knives--they serve as "equalizers" against powerlessness.

But women lack power in many more ways than merely the physical. They lack economic power, not only within spousal relationships, but in American society. This is true at all socioeconomic levels. Regardless of social class, a woman who is battered by her spouse has serious considerations to face before she decides to terminate her association with her batterer. People often ask, "But why doesn't she leave?" The reasons are many, and as will become obvious, they are more specific to victimized wives than to victimized husbands. Robert Terry explains that even the wealthiest women are relatively economically powerless, saying:

> Some argue that white women possess inordinate power through control of stocks. Half of all stockholders are women. However, men carry out 75 percent of all securities transactions, according to the New York Stock Exchange. Women often control stock in name only to suit

their husbands' tax purposes. In any case, they hold only 42 percent of the dollar value and 38 percent of the total number of shares--mostly in small chunks (1974:71).

When Terry begins his argument to show that power in this country belongs primarily in the hands of white males, he says that women and minorities do not belong to the "club," defined as:

> This club is an organization which arbitrarily selects members and bestows appropriate material and psychological benefits. It distributes influence and power among its members and then uses that power to dominate groups unlike itself (consciously or unconsciously). It rigidly regulates behavior and demands conformity as a requirement of admittance...(1974:66).

To explain who has power, Terry provides answers to some questions, including:

> Who has access to societal resources?
> Are the resources equitably distributed?
> ...Who can marshall the resources to accomplish a goal?
> What are the institutionalized patterns and practices of the club?
> (1974:67-68).

Having access to resources, according to Terry, is necessary but not sufficient to possess power; resources must be mobilized to accomplish one's goals before one truly has power (1974:70). In some states, if a woman leaves the home she shared with her spouse, she may lose some of her property rights, or even be charged with abandonment. If she flees without the children, she may endanger her rights to child custody on a charge of desertion. When a woman attempts to establish a residence separate from her spouse, she is faced with the fact that both she and her children are almost certain to have a reduced standard of living. She may realistically ask herself if her personal pain and suffering are worse than the personal sacrifices in economic security her children will have to make. It is a real and painful dilemma, and some older children adamantly oppose a downward transition. Here are some of the facts and their consequences that a woman, regardless of social class, education, or employability, must consider before she attempts to extricate herself from a battering spouse:

1) DIVORCE: rather than to look at women's disadvantaged position in divorce in many of our other states, I wish to cite the legal status of women in California, often proclaimed the nation's pace setter for progressive social trends. Almost half of all California women 35 years of age or older are widowed or divorced, and in the past ten years, the number of female-headed households has increased by 46 percent (Bersch, 1977:1). Having "no fault" divorce, California is one of only eight community property states in the nation--which is far more advantageous to women than the separate property system. Still, there are shortcomings besides the fact that the spouse with access to funds is easily able to conceal assets from an unsuspecting spouse. Bersch says:

> California's law requires that the community property be divided equally. Although this law appears to be equitable in nature, its fairness is illusory in practice. In almost all cases, the most substantial asset of the marriage...is the husband's earning power, and this is never equally divided. The California courts have not yet accepted the theory that a women who has given up the opportunity to develop her own earning ability in order to help her husband succeed in the business or professional world should have a right to

> share in the earnings that result from the husband's success, even after dissolution of the marriage. ...the courts take a paternalistic attitude and view spousal support as something that a wife may receive when she has demonstrated a need, but not something to which she has a right because of direct past contributions (1977:6).

We have all heard how ex-wives take everything a man owns, and movie comedy plots have had us laugh at the struggles of a defendant husband's attempts to retain even a suit of clothing. Now let us examine the facts.

2) SPOUSAL SUPPORT OR ALIMONY: Bersch also supplies pertinent information on this issue, for she writes: "In our society, it is most often the woman who receives spousal support. ...the right to support depends upon need rather than sex. ...A wife who is seeking support must establish that her husband has the ability to pay" (1977:7). And this, Bersch points out, may be extremely difficult for the woman without necessary funds to pay accountants' and/or attorneys' fees, particularly if the man is self employed or is employed by a company he controls. Furthermore:

> The recent trend in California has been to award the wife less spousal support, and for a shorter duration, because of an attitude that the wife should obtain employment and add to her own support. ...Nationwide, spousal support is awarded in less than ten percent of all divorces. ...awards of alimony have always been rare. Census statistics indicate that at the turn of the century, alimony was awarded in only 9.3% of all cases. In 1922...the percentage was 4.7. ...An award will seldom be overturned.... The tax ramifications... generally favor the husband. Spousal support payments are deductible to the husband and are considered "income" on which the wife must pay tax (1977:7-9).

During an interview with a California Superior Court Judge recently, I asked which spouse would be awarded higher amounts and longer terms of spousal support in two hypothetical cases: a young mother with two preschool aged children, or a middle aged housewife with no dependents. The answer was that the older woman would probably be more favorably treated, because there was an assumption that a young mother has more recently developed job skills, but that in either case, spousal support is almost always seen as a temporary assistance until the women, young or middle aged, move into the job market and financial independence. The question of employment (and child care) will be dealt with later. The question now is, can women rely on court awarded spousal support? According to the report of the National Commission on the Observance of International Women's Year: "Only 14 percent of divorced or separated women are awarded alimony. Only 46 percent of these collect it regularly" (1976:338).

3) CHILD SUPPORT: Bersch supplies the answer for California women, saying:

> In situations where the wife has custody of the children, child support may be awarded in addition to spousal support. However, child support terminates when the child reaches the age of 18, even if the child has not yet finished high school, is unemployed, and is residing at home with a mother whose sole income is derived from spousal support. Regardless of the number of children or the unemployment of the wife, a court will tend to leave the husband with close to half of his net income (1977:8-9).

According to my interviews with judges who make determinations of child support, they seldom award "close to half of his net income;" they only come close in the most extreme cases. In an interview with a judge, I asked if he had ever awarded more than half a husband's net income for spousal and child support, such as in a case where there are five nonemancipated children. His answer was "never." When I asked if it seemed unbalanced that one spouse should have 50 percent or more, and the remaining six family members must exist on less than that, he replied, "Divorce is tough on everyone. Everybody loses. If I awarded more than half, the man would resent it, and I would have another nonsupport case on my hands." A New York State Family Court Judge told me: "I don't give a damn how many kids there are! I'd rather put ten people (a wife and nine dependent children) on welfare to pick up the difference at taxpayers' expense before I'd ever take more than half a man's earnings."

How reliable is court awarded child support? One report states, "Only 44 percent of divorced mothers are awarded child support, and only 45 percent of those collect it regularly" (Report of the National Commission on the Observance of International Women's Year, 1976:338). Bersch elaborates:

> The most significant problem related to spousal or child support awards is that of noncompliance and inadequate enforcement. Many husbands disregard the court's decrees and fail to pay the amounts ordered. It has been estimated that the husband defaults within the first year in almost half of all support cases, and, by the tenth year, more than three-quarters of all husbands are in total noncompliance. ...If the husband says he is unable to make the payments, the court will not hold him in contempt unless the wife can establish his ability to pay (1977:10).

Again, the burden of proof is upon the woman, who often cannot afford the necessary expenses of attorneys, detectives, or accountants, so that most women, lacking sufficient cash resources for what is ultimately a gamble, decide that it is a no-win situation and attempt to provide for themselves and their children without the fathers' support.

4) EMPLOYMENT: even though some women are employed at the time of termination of marriage, many had employment interruption for child bearing and child rearing, relocation because of husbands' job mobility, or husbands' opposition to their outside employment. Many others had not held gainful employment since their marriages, while still others, married at a very early age, had never held paid employment. Statistics show the harsh realities of women's earning potential:

MEDIAN EARNINGS YEAR ROUND, 1974 (full-time workers age 14 and over)		WAGE AS PERCENT OF WHITE MAN'S WAGE	COMPARABLE PERCENTAGE IN 1970
White men	$12,104	100%	100%
Black men	8,524	70	65
White women	6,823	56	58
Black women	6,258	52	43

(U. S. Department of Commerce, 1976) (U.S. Department of Commerce, 1971)

As may be noted, while there have been slight shifts that favor both black men and women, white women have lost two percentage points in four years, and women, both black and white, receive only slightly over half the median income of white men.

But what if a woman is not employed, what are the possibilities of obtaining employment? Can a woman move into the job market, even assuming her job skills are recent? Women and minorities, particularly minority women, suffer far higher rates of unemployment than white men and despite anti-discrimination laws, the old truism still applies: "Last hired and first fired."

5) EDUCATION OR CAREER TRAINING: perhaps the answer is to direct newly-emancipated women into education to begin their upward mobility. The facts show that even with increased education, women are hardly likely to close the gap. Here are the differences:

MEDIAN INCOME BY SEX AND EDUCATION, 1970
(full-time, year-round workers)

SCHOOL COMPLETED	WOMEN'S MEDIAN WAGE	MEN'S MEDIAN WAGE	WOMEN'S WAGES AS PERCENTAGE OF MEN'S WAGES
8 years elementary school	$4,181	$ 7,535	55%
4 years high school	5,580	9,567	58
4 years college	8,156	13,264	61
5 or more years college	9,581	14,747	65

(U. S. Department of Labor, 1970)

Even if women disregard discouraging figures like these, they may attempt to re-enter school. If she has to go on welfare in the meantime, a woman soon finds out that she will be offered short-term training in traditional female-type (relatively low pay) clerical skills. She is actually hindered in attempts to gain career, long-term employment through a college degree. If she receives scholarships and grants, they are deducted from her welfare payments (Bersch, 1977:20). The prospects are summarized by Bersch, who says:

> A divorced or widowed homemaker often lacks recent work experience, and she may need job training or further education before she is employable. Furthermore, she is often the victim of age and sex discrimination. The newly single women who do obtain employment are likely to find themselves in the lowest paying jobs without equal pay or advancement opportunities (1977:17).

6) WELFARE/POVERTY: because of the unreliability of support payments,

low income potential, inadequate, expensive or nonexistant child care, many women join the ranks of the poor once they become "head of household." The Staff Report of the U. S. Commission on Civil Rights states that of all families in the United States in 1972, 12 percent were headed by women alone, and "Further, 34 percent of all female-headed families are below the poverty level, while 7 percent of all male-headed families are poor" (1974:9). Still, these percentages do not tell the whole story: they have a built-in bias. There is an unexplained difference in dollar cut-off points for male-headed and female-headed families by the U. S. Bureau of Census. The Report states:

> There are probably more female heads of families living in poverty than the Census reports, since differential poverty cut-off levels were established for families with female as compared with male heads. For example, the poverty cut-off level for a female-headed family with two dependent children is $2,931, while for a male-headed family of the same type it is $3,137. Thus, a woman who heads a family with two dependent children and earns only $3,137 would not be considered to be living in poverty, although a similar male-headed family would be classified as living in poverty (1974:9).

On top of these disheartening facts, the woman who chooses to leave her battering spouse must also consider:

1) Earnings differential between men and women is greatest for those over thirty-five years old.
2) Lack of available and reasonably priced good child care services.
3) Credit problems. Many married women never carry credit in their own name, and experience great difficulty in establishing it upon separation or divorce.

4) Housing. Although it is against the law to discriminate on the basis of sex or marital status in renting or selling houses, it is clearly more difficult to obtain housing for a female-headed family than for the traditional nuclear family or a male-headed family. Landlords can refuse to rent to families with children, and even if a woman has the required capital outlay to purchase, most lending institutions want evidence of long-term credit standing and steady employment.

5) Health care. Many women in my sample had chronic health problems, some directly or indirectly due to years of physical abuse. If she was an unemployed homemaker, a woman may find herself suddenly without the family medical health insurance provided by her husband's employer. She may find that she is unable to obtain health insurance for herself except at exorbitant premiums with exclusions for known, pre-existing conditions. Some fathers will even drop the children from their company insurance plans.

6) Social Security and other retirement benefits. A divorced wife in almost all cases loses all rights to her husband's social security, and will have no claim on company or other pension plans unless such provision is stipulated by court order during divorce proceedings.

As may be quite clear, there are serious and long-lasting ramifications connected with dissolution of a violent relationship. Many women have no idea how to make their own world: some take a very short step from father's daughter to husband's wife. As Judge Lisa Richette so aptly expressed it, "infantilism" of females has been pervasive in this society. One of my respondents even wrote: "I guess I was even more afraid of the world 'out there' than I was of him!"

These are some of the reasons why shelters are so important to battered women and their children. They do much more than merely provide physical safety for refugees from violence. They are almost all set up to provide badly needed supportive services for women who have frequently lived years of isolation. In the first place, they give a woman her introductory experience that others are concerned about her and her welfare, which acts to build up her confidence and self-esteem. Residence introduces her to other women who have had similar experiences with the men they loved, and she begins to realize that she is not the only one to have lived a life of fear, pain and humiliation. While in residence, women and their children are put in touch with a wide variety of existing community services, depending on their individual circumstances and needs. These often include: medical services, psychological, legal, and career counseling, and employment and housing assistance. Many must go on welfare at least temporarily, and they are helped through this process, often for the first time.

The positive changes that take place in the women's lives, and in the women themselves, are often astounding. As one shelter director said, "It's almost miraculous. They begin to change, sometimes within a few hours after coming here. It's hard to explain what happens, they just seem to blossom out once they're free of fear." The children are also affected in a remarkably positive way--within a short time they are settled in, playing with new friends, and under the collective supervision of many mothers and child care specialists.

These are just a few of the benefits battered women and their children receive at shelters that have opened up all over this country. They emerged mostly through the dedication and untiring efforts of community groups of caring citizens. Most frequently these people were volunteers who worked day and night to sensitize and educate their communities, who held fund-raising events and wrote proposals. A few got enough money to open a residential shelter with barely enough to keep operating from month to month, or year to year. Some groups are still sheltering refugees in private homes, a "band-aid" method with potential dangers for the Good Samaritans who take refugees in, and less beneficial for their house guests than communal living at shelters with their supportive networks. But as one woman said to me, "It may not be ideal, but at least the women are in less danger, and who knows? we may even be saving lives!"

There are not nearly enough shelters, and the ones that exist provide bare subsistance, and are not big enough to admit all who need entry. I have been on a shelter's hot line and had to tell an emergency room nurse that there simply was no room for her patient, nor was there any available space anywhere in the entire county or adjacent area. It is not easy to tell a desperate woman with two little girls who is afraid to go home that there is no place where she can go for safety. We must do more, not less, to offer protection to our most powerless citizens. It is unfair that when crimes have been committed inside the domicile, it is the victims who must be evacuated. But under our present legal system, and with institutions that are not equally responsive to the civil rights of all citizens, then this is a necessary first step.

For men who need a place to stay away from home, even without money, there are places for them in every city and town across the land. As Del Martin points out:

> ...few public agencies offer nighttime and weekend services or are prepared to handle on-the-spot emergencies. The huge discrepancy between the number of shelters open to men and the number open to women is a disgrace. Even worse, so few places across the nation accept women

and children that they may as well not be counted. This imbalance not only reflects discriminatory attitudes, but also shows how outdated the public assistance agency system is. It is still based on the assumption that only men will be transient or caught without means and a place to stay. Women are supposed to stay at home with their parents or their husbands. They are not expected to need overnight accomodations, particularly if they have their children along (1976:126).

Martin illustrates the lack of both responsiveness and facilities for refugee women and children by a summary of six major cities, and found that in Los Angeles County, for example, there were 4,000 beds for men and only 30 for women and children, but none for mothers with sons over four years old! (1976:124). The realities of unmet needs and the actual utilization of existing resources are sometimes sadly out of balance.

However, one new men's half-way house in Akron was recently converted into a house of shelter for battered women because the operators were able to weigh the obvious unmet needs, and shifted priorities to meet the most pressing needs. In Dade County, Florida, Victims Advocates was established to help victims of crime, and they soon discovered the majority of their clients are female. The Director, Catherine Lynch, says:

> Although the Victims Advocates Program was neither designed nor advertised as a program specifically for--or run by--women, 75% of the population we currently serve is female. ...I have looked for explanations for this over-representation of females.... it is becoming increasingly difficult for me to avoid suspecting that we see so many female victims because so many of the people most affected by crime are, in fact, females...(1977:1).

Another non sex-specific agency, Victims Information Bureau of Suffolk

County, has also found that the vast majority of people requiring services are female. Responding to victims of violent crime, VIBS performs a variety of services including hot line, crisis intervention, advocacy and referrals, offering both physical and material assistance to victims. Training Coordinator Nancy Lynn estimates that 96 percent of their clients contact them because of spouse abuse. In the first year they had 6,000 hot line calls and 600 persons used their counseling center; there were only three men who reported being victims of spouse abuse and asked for help (Lynn, 1977). There may well be more male victims who are too embarrassed to ask for help, as Lynn points out, but the fact is: there are thousands of beds for men, there are hot lines, and there are counseling services already available around the country. Even if masculine pride prevents them from admitting their shame, the help is there--all they have to do is use it. The big difference is that men seldom have to flee in fear for their lives in the middle of the night with infants and children, penniless and without resources, as thousands of women have been forced to do. As one formerly battered wife told me, "I thought he'd kill me. But then one day I said to myself, what do you have to lose by leaving? You're already dead now; this is no life. So I left."

Now it is up to us to give her, and the many thousands of women like her, safety and a place to stay and give her a lifeline to the network of social agencies in the community--to help her live, and her children to live--again.

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VCS is a non-profit contract agency funded in part by the County of Rockland

Feb. 27, 1978

Mr. Jonah Shacknai , Counsel
House of Representatives Committee
On Science and Technology
Washington, D.C.

Dear Mr. Shacknai,

I enjoyed speaking with you last week, and I hope this letter will furnish information for you and your committee about the experience in Rockland County with domestic violence.

The Volunteer Counseling Service was begun here in Rockland County in 1970 as a Ford Foundation Demonstration Project designed to show that volunteers could be trained to provide counseling to clients of the Family Court. Our original focus was Family Offence Cases (although it was broadened to the Prevention of Cruelty to Children). For eight years, our counselors have been working with the victims of domestic violence--husbands, wives, and children.

In 1976, we decided that the counseling was not a sufficient response from our agency, although it was often successful in stopping and reducing family violence. We were dismayed by the slowness and incoherence of the systemic response to complaints about family violence. One member of our Domestic Violence Counseling Team, Marjorie Lipson (then a Fordham graduate student in social work) did a comprehensive survey of police departments, Family Court, Town Justices, Probation Department, mental health and counseling services, and feminist organizations. Every agency was cooperative and distressed about the confusion in the service delivery system.

We found that police were hesitant to ask men to leave their homes, even after serious assaults, because police have been sued in such cases. Police were annoyed about their inability to use the Family Court at night and on weekends. They were annoyed about the response of the Mental Health Center to emergencies. Police were often uncertain about who to refer to what agency for help. Because Rockland has many different police agencies and Town justices, we found that women with the same problem got very variable treatment in different parts of Rockland. In short, the system was a non-system, even though all agencies were well-intentioned about helping battered spouses (The Child Protective Service of the Department of Social Service is much more orderly in its procedures).

When the New York State Assembly passed new legislation involving concurrent jurisdiction on family offence petitions, we were threatened by even greater systemic confusion about how to process complaints, but we also had an opportunity to clarify the system. The Family Court Advisory Committee (an informal group of Agency Directors working with Family Court) appointed me chairman of a subcommittee on Domestic Violence. I held meetings with all sectors of the service system and with representatives of the feminist groups. Working mainly with the District Attorney's office throughout 1977, we looked for a way to clearly explain the new law; to suggest appropriate procedures for clients to follow; to clarify referral options for the police; and to educate the public. We are about to distribute to all police, justices, and county agencies the enclosed material—after explaining it at a public meeting. This document represents inputs from police chiefs, Family Court Judges Miller and Weiner, and District Attorney Gribetz. Now, for the first time, we are behaving like a system. The local Newspaper will shortly publish a series on Domestic Violence which will help to educate the public about our efforts.

Last week, the Family Court Judges attended a NOW meeting on Domestic Violence (there is a group trying to establish a Shelter in Rockland County). For the first time, the Judges reported a sense of community cooperation, instead of antagonism, on this issue.

My recommendation to your committee on this issue is twofold. First, it is essential to have a real, as opposed to a paper, center for interagency coordination on this issue (like the Family Court Advisory Committee). My efforts to call meetings would have been futile without backing by the Family Court and District Attorney. A powerful agency must have responsibilty for coordination.

My second recommendation is that provision be made for the establishment of volunteer counseling services in all communities (That was original design of the Ford Foundation Program). Even if the government assists communities to pay Judges for more evening and weekend work, and even if more psychiatrists are hired for outreach from Mental Health Centers, there will still be a pressing need for long term counseling for families with a history or chronic pattern of violence. VCS has 100 trained, professionally supervised counselors available to work on evenings and weekends. Also, such counselors are in position to facilitate assitance from other agencies, where needed. Such a service is the most cost-effective way to produce human services that maximize the human and professional resources in a community. VCS produces over $500, 000 in counseling and educational services each year—at a cost to the county of $50, 000.

A volunteer counseling service is in position to recive referrals from the police and avoid unnecessary use of courts. VCS is also in position to work with probation officers and judges after a family is involved with court, providing feedback and evaluation, and securing additional services which might be necessary to reduce family violence. Trained and supervised volunteers are often the best resource with families who balk at the idea of "mental health" problems.

Violence in a family is a message. It is a message about a need for socialization, for limits, for protection, for better communication, and for a genuine reponse from a community that cares. Hopefully, on this issue, the Federal Government can provide a way to deliver care, not just dollars. I have suggested two forms of care—a powerful organizing center to oversee the system of care delivery, and the provision of trained citizen volunteers who will take personal interest in the families they work with.

I will be happy to provide data on family violence in Rockland and on VCS casework, if that will be of assistance. I look forward to meeting with you.

Steve Shapiro

VOLUNTEER COUNSELING SERVICE
151 SOUTH MAIN ST.
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BATTERED SPOUSE INSTRUCTIONS

If you wish to seek help or file charges against your spouse for conduct which constitutes Assault, Attempted Assault, Disorderly Conduct, Harassment, Menacing or Reckless Endangerment,

READ THE FOLLOWING:

You must ELECT to go either to

(1) Family Court as a civil matter by filing a petition

(Family Court to attempt reconciliation)

(2) Justice Court as a criminal matter by filing a complaint

(Criminal Court is to punish offender)

NOTE: These Courts have the same jurisdiction, but once you ELECT to go to once Court, you may not go to the other for that particular offense.

Either Court can hear the matter though a Divorce Action is pending. No one can stop you from going to the Court of your choice.

ALTERNATIVES JUDGE MAY IMPOSE

	FAMILY COURT		JUSTICE COURT
(1)	Issue an order of protection.	(1)	Issue an order of protection.
A.	Ordering spouse to stop injuring you.	A.	Ordering spouse to stop injuring you.
B.	Ordering spouse to stay away from you and your children.	B.	Ordering spouse to stay away from you and your children.
C.	Ordering spouse to move out of the house.	C.	Ordering spouse to move out of the house.
(2)	Violators may be imprisoned for contempt of Court up to six (6) months for violation of Court Order.	(2)	Release spouse with or without bail on a promise to return to Court for a hearing.
(3)	Probation and other services available to help you and your spouse get counseling, help for alcoholics, drug users, mental or family problems.	(3)	Adjourn the case for six (6) months on promise not to hurt you anymore.
(4)	Give you custody and can permit visitation with children during term of order of protection.	(4)	Set a time and place for spouse to visit with children.
(5)	Order a support petition to be filed.	(5)	After a conviction, sentence your spouse to jail, fine and/or probation.
			NOTE: THE CHARGES CAN ONLY BE WITHDRAWN BY THE DISTRICT ATTORNEY, NOT BY YOU.
			CAUTION: Jail sentences may result in loss of family income and create a criminal record.